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ABSTRACT

This document contains California's guidelines for serving students with severe orthopedic impairments in the public schools. Elements characteristic of well-designed programs are described in the guide's three chapters, and each description is followed by a series of questions for program evaluation. The first chapter addresses approaches to identification and assessment, covering medical condition, ability and achievement, communication skills, physical education, social and emotional characteristics, independent living skills, and career and vocational education plans. Chapter 2 deals with planning and service provision, and includes such topics as curriculum continuity, appropriate physical education, mobility training, career and vocational education, and proficiency standards. Chapter 3 examines organization and support, reviewing educational program options, infant and preschool programs, staff, parents' and pupils' support for the total program, and special considerations, such as specialized medications, emergency procedures, equipment and transportation. Appended material includes a self-review guide to help improve program effectiveness, a glossary, and excerpts from relevant legislative codes. (CL)

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Program Guidelines for Severely Orthopedically Impaired Individuals

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Bill Honig—Superintendent of Public Instruction
Sacramento, 1985

Program Guidelines for Severely Orthopedically Impaired Individuals

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"... develop guidelines for each low-incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of specialized services to pupils with low-incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving pupils with low-incidence disabilities pursuant to Section 56825. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements."

Program guidelines issued by the State Department of Education, according to *Education Code* Section 33308.5, "shall be designed to serve as a model or example and shall not be prescriptive." These guidelines have been developed cooperatively by teachers, parents, and administrators to serve as a model for providing a quality, cost-effective education to orthopedically impaired students that includes the requirements of state and federal laws.

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Preface

In preparing these guidelines for those who work with pupils with severe orthopedic impairments, staff members from the Special Education Division of the State Department of Education gathered information that should be of value to parents and educators in providing leadership for quality educational programs. Planning and providing a comprehensive program for pupils with severe orthopedic impairments present special challenges to the educational community, even though these pupils represent less than 2 percent of the total population in need of special education and related services. Commitment to quality program standards leads to pupils' high academic performance and to the development of skills pupils need to become contributing members of their communities.

The contributions to these guidelines from parents, pupils, educators, and members of ancillary professions reflect the points of view of both the service providers and the consumers. While many of the contributors are identified in the acknowledgments, countless others who are not listed reviewed preliminary drafts and made invaluable suggestions.

We hope that these guidelines will be useful in improving and maintaining quality educational programs for California's pupils with severe orthopedic impairments.

XAVIER DEL BUONO
Deputy Superintendent
Specialized Programs

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A special thanks is extended to former pupils with orthopedic impairments who shared ways in which they thought their educational program could be improved.

Introduction

This introduction contains a discussion of the scope, purposes, and standards of the guidelines presented in this document. Information explaining how to use this document and a description of the appendixes also appear.

Scope of the Guidelines

These guidelines focus on the educational needs of pupils with severe orthopedic impairments. All instruction and services provided to these pupils must be planned and coordinated to focus on their needs. Close cooperation and coordination among all agencies, programs, and individuals assessing and providing instruction and services are the keys to meeting these needs successfully and to improving local programs. Readers of this publication may wish to contact the California State Department of Education for technical assistance in these and other areas, such as program evaluation.

Purposes of the Guidelines

The guidelines have been developed for parents, teachers, and administrators to use as a resource in planning, providing, reviewing, and improving the quality and cost effectiveness of the program serving pupils with severe orthopedic impairments through:

- Clarifying the identification, assessment, planning, and provision of instruction and services to meet the multiple educational needs of pupils with severe orthopedic impairments
- Providing information to assist parents, staff, and administrators in improving and maintaining programs to meet these standards
- Providing criteria based on these standards for internal and external review of programs serving pupils with severe orthopedic impairments

Standards of the Guidelines

The guidelines contain established standards to serve as a model framework of expectations for the identification, assessment, planning, and provision of instruction and services to pupils with severe orthopedic impairments. The guidelines can serve to assist program planners in meeting the following standards:

1. The procedures for locating and referring pupils with severe orthopedic impairments are coordinated with the procedures of other local public agencies.
2. The assessment of a pupil suspected of having severe orthopedic impairments includes, when appropriate, the following areas related to the pupil's disability:

   Medical condition
   Health and developmental history
   General health
   Degree of orthopedic impairment
   Fine motor skills
   Gross motor skills
   Ability and achievement
   Communication skills
   Physical education needs
   Social and emotional needs
   Independent living skills
   Career and vocational education plans

3. The assessment of severely orthopedically impaired pupils is conducted by assessment team members who are knowledgeable about the pupil's disability.
4. The variables that affect educational needs are considered by those assessing pupils with severe orthopedic impairments.
5. The assessment report identifies the educational needs of the pupil related to the severe orthopedic impairment, including needs for specialized materials and equipment.
6. The needs of a pupil that were determined by assessments in the areas related to the disability form the foundation for developing the individualized education program (IEP), for providing appropriate instruction and services and materials and equipment, and for developing curriculum.
7. The personnel providing instruction, services, or consultation to pupils with severe orthopedic impairments are knowledgeable about the pupils' educational needs and possess the skills and abilities to carry out the roles and responsibilities necessary to meet these needs.
8. Coordination must exist among the individuals involved in providing instruction and services.
9. Each program for severely orthopedically impaired pupils provides for the delivery of appropriate instruction and services through a full range of program options provided, as necessary, on a regional basis.
10. Each pupil with a severe orthopedic impairment is appropriately placed according to his or her educational needs. (The range of abilities of pupils with orthopedic impairments extends from gifted and talented pupils to those with reduced intellectual capabilities.)
11. Class size and case loads of staff allow for providing specialized instruction and services based on the educational needs of pupils with severe orthopedic impairments.
12. Each program provides qualified personnel who have the skills and abilities necessary to conduct assessments and to provide instruction and services as identified in each pupil's individualized education program.
13. Appropriate staff development and parent education are provided and are based on a needs assessment that reflects the pupils' needs related to severe orthopedic impairments.
14. Facilities are designed or modified to enhance the provision of instruction and services to meet the educational and safety needs of pupils with severe orthopedic impairments.
15. Specialized materials and equipment necessary to meet the educational needs of each severely orthopedically impaired pupil are provided, as indicated on the individualized education program.
16. Transportation of pupils with severe orthopedic impairments is suitable to the health and safety needs of each pupil.
17. Each program serving pupils with orthopedic impairments has an ongoing process to improve its effectiveness in identifying, assessing, planning, and providing instruction and services to meet the educational needs of these pupils.

Use of This Document

The first three chapters contain essential program elements that are characteristic of a well-designed program. Each program element includes examples of the characteristics, followed by a series of questions that indicate what to look for in assessing the quality of the program and in determining to what degree the pupils' needs are being met. These questions should not be answered simply with yes or no. If the answer to a question is yes, one should specifically identify to what degree and how effectively this aspect of the program is being conducted. If the answer is no, one should make clear why the standard is not a part of the program and how it can be included.

This publication contains three appendixes. Appendix A, the "Self-review Guide," can assist the staff from the district, county, or special education local plan area in improving the effectiveness of the program through internal review. This guide enables one to identify areas and establish goals for program improvement; determine potential topics for local evaluation studies; and identify needs for technical assistance. Appendix B is a glossary of terms used by those working with orthopedically impaired pupils. Appendix C, "Selected Legal Requirements (As of June, 1985)," contains pertinent sections from the *Education Code* and from the *California Administrative Code, Title 5, Education.*

CHAPTER ONE

Identifying and Assessing Unique Educational Needs

This chapter begins with a definition of a severe orthopedic impairment, followed by an explanation of identification and assessment programs for these pupils. The chapter continues with information about assessments of these pupils' medical problems, abilities and achievements, communication skills, physical education capabilities, social and emotional adjustments, independent living skills, and opportunities for career and vocational education. Discussions of the kinds of assessments to be made appear, followed by questions that serve as guidelines for program reviewers.

Definition of a Severe Orthopedic Impairment

A severe orthopedic impairment is persistent and significantly restricts an individual's normal physical development, movement, and activities of daily living; and, in turn, this impairment affects the pupil's educational performance. The term *orthopedic impairment* includes those impairments caused by congenital anomalies, diseases, and other conditions. Many conditions that are diagnosed as causing severe orthopedic impairments exist, such as cerebral palsy, muscular dystrophy, spina bifida, spinal cord injuries, head traumas, juvenile rheumatoid arthritis, tumors, and others. These conditions may improve, remain stable, or deteriorate slowly or rapidly. Often, accompanying sensory and motor impairments and learning problems occur that affect the pupil's school performance.

These guidelines were developed for pupils who have severe orthopedic impairments and who require the provision of specialized services to benefit from education. These pupils have the potential to pursue the district's regular or modified academic course of study. Those who are planning for a pupil with more than one impairment should combine these guidelines with guidelines addressing the other impairment.

Identification and Assessment of Pupils

The child-find system exists for the identification of pupils who are severely orthopedically impaired. Once these pupils have been identified, an assessment team gathers information about them that appears in a report containing recommendations for fulfilling their educational needs.

Any person conducting an assessment must understand the pupil's mode of communication.

Child-Find System

A child-find system is developed on a regional basis for the school districts located within the special education local plan area. When identifying potential pupils with severe orthopedic impairments, one must be sure that the child-find system's activities are coordinated with those of regional centers, California Children Services, and local medical agencies that often identify the child immediately after birth.

Each school district, special education service region, or office of a county superintendent of schools is required to develop a continous child-find system. The purpose of this system is to identify all individuals with exceptional needs, birth through twenty-one years of age, who reside within the system's geographical boundaries or who are under its jurisdiction. This activity includes those children not enrolled in public schools. Written policies and procedures must be available that address all aspects of implementing the child-find system.

Pupil Assessments

The goals of assessment are to gather information about pupils that enables the individualized education program team to determine pupil eligibility, whether special education and/or related services are needed; to assist in the development of an individualized education program; and to aid in the selection of the appropriate educational placement for the pupil.

A variety of assessments may be required when one is examining the pupil in all areas related to the suspected disability. These assessments may be areas of health and development, vision, hearing, motor abilities, language function, general abilities, academic performance, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status. Important information may be obtained from using informal methods, such as interviews with parents, interviews with pupils, when appropriate, and structured observations in a variety of settings.

Assessment Team

The assessment of a pupil with a severe orthopedic impairment shall be conducted by persons who are knowledgeable and trained to select, administer, and interpret assessments that accurately measure the abilities of the pupil. When appropriate, assessment data are obtained from the family physician as well as from professionals representing other public and private service agencies, such as regional centers, the California State Department of Health Services' California Children Services Branch, the Shriners' hospitals, and Rancho Los Amigos. To determine the most effective methods and materials to be used for assessment requires communication among the assessment team members, parents, and when appropriate, the pupil. Parents can report on the background of their child's impairment and on the effects of any prescriptive drug that the child is taking. Information about the time when the child appears to be more alert should be provided. The child-care provider or regular elementary or secondary teacher should be contacted for information about the pupil's physical disability, levels of academic and physical functioning, and interaction with groups.

If a pupil has another handicap accompanying the severe orthopedic impairment, two professionals may be necessary to participate adequately in each assessment. For example, if the pupil has an accompanying visual problem, the involvement of a person knowledgeable about the impairment may be necessary to facilitate appropriate assessments. If the pupil's primary language is other than English, a language interpreter as well as a person understanding the pupil's communication method may be needed during assessments.

Guidelines have been developed by the Special Education Division for other low-incidence disabilities. These guidelines may be used when applicable in meeting the needs of the pupils who have multiple disabilities.

Any person conducting an assessment must understand the pupil's mode of communication; e.g., how the pupil responds, what the response indicates, and the time required for him or her to integrate the question and initiate the response. When a pupil does not have a set system of communication, those making an assessment should devise some type of response signal that he or she can give in the test situation. The signal should be taught and rehearsed so that the pupil clearly understands how and when to respond. If such a system cannot be devised, then the person conducting the assessment should state clearly how any conclusions were obtained and also should document other observed behavior that supports these conclusions.

The pupil may have been receiving services from other agencies, such as Child Health and Disability Prevention, California Children Services of the California State Department of Health Services, or regional centers. The records from these agencies, providing there is written parental permission, should be available to the team for consideration. In addition, the examiners should also be familiar with the district's adopted course of study or alternative courses of study leading to graduation.

Assessment Reports

In writing the assessment reports, the examiner should indicate any modifications made during the assessment, such as allowance for the use of specialized equipment, alternative modes of students' responses, and any alterations made in test administration; e.g., time frames, subtests deleted, and so forth. The persons who conduct the assessments should discuss the implication of whatever modifications were made. A clear statement of how the pupil's handicapping conditions affected the test results should be available, such as how the pupil indicated his or her response or, if the response was unclear, how this situation affected the test results.

Assurance must be given that the assessment, as described in the pupil's plan, was administered in the pupil's primary language or mode of communication and was aided when necessary by a trained translator or interpreter. If such are not readily available to the assessment team, attempts to obtain qualified persons and assessments should be documented as well as how the assessment results and recommendations were determined. Interpretation of test results and observations should contain applications for the classroom and implications for direct hands-on activities.

QUESTIONS

Does the child-find system coordinate the identification and referral system for children with other local public agencies?

One should look for the following:

1. Is there a written procedure for conducting child-find activities?
2. Is there a referral process among the special education local plan area and other local public and private agencies?
3. Is there a process for the exchange of pertinent assessment data when parents give their written approval to do so?

Are the assessments conducted by persons who are knowledgeable about the disability?

One should look for the following:

1. Was each assessment administered by a person trained and authorized to give the assessment?
2. Were the assessments administered by persons experienced in working with the severely orthopedically impaired pupil?
3. Were assessments administered in the pupil's primary language and/or mode of communication?

Do the assessment reports relate the findings to the educational needs of the pupil?

One should look for the following:

1. Is each assessment report easily understood?
2. Does the assessment report explain any modifications of the test situation and how they relate to the findings?
3. Does the assessment report give the current level of the pupil's achievement?

Assessment of Medical Condition

Initially, the primary focus of the coordinated educational and medical program for the pupil with a severe orthopedic impairment is on the treatment of the medical problem and the rehabilitation of the pupil. As the pupil's orthopedic impairment becomes manageable, the focus gradually changes to the educational and vocational components of the program.

The following components generally comprise a comprehensive medical assessment of a pupil with a suspected or known orthopedic impairment. In most cases the medical assessments are performed by agencies other than educational ones, or the parents may choose to use private medical sources. Each of these approaches will be discussed as it applies to the pupil.

Health and Developmental History

A pupil's health and developmental history is an accumulation of data and information that contribute to the process of assessment. The usual practice is for a public school nurse or a public health nurse to compile the pupil's health and developmental history. For a pupil with severe orthopedic impairments, a need exists for more in-depth information concerning his or her birth, medical, and social history, family history, special problems, detailed accounts of adaptive behavior, and the parents' perception of the pupil. Information should be obtained in accurate chronological detail, beginning at the earliest onset of the pupil's symptoms and the associated events.

QUESTIONS

Is there a health and developmental sequence recorded for each pupil?

One should look for the following:

1. Is the pupil's developmental sequence updated on a regular basis?
2. Does the pupil's developmental history include:
   a. *Historical Factors*

      Was orthopedic impairment present from the pupil's birth?
      When did the problem first appear?
      Was there a sudden or slow onset?
      What was the progression?
      Was there a change in the pupil's development?
      Was there a loss of function?
      Did a deterioration in the pupil's school performance occur?

   b. *Birth History*

      Were there complications of pregnancy or problems with a previous pregnancy, labor, and delivery?
      What were the pupil's gestational age, birth weight, and Apgar scores?
      Did any of these problems occur during the pupil's neonatal course: a need for resuscitation, trauma, jaundice, cyanosis (need for oxygen), paralysis, infections, convulsions, congenital anomalies, poor muscle tone, and so forth?

   c. *Health and Medical History*

      Is information provided about the following items concerning the pupil?
      Previous illnesses, infections, diseases, injuries (especially head trauma), fevers, headaches, vision and hearing developments, ear infections, motor development, surgeries, hospitalizations, nutritional habits, behavioral changes, current medications, allergies, and immunization history

   d. *Milestones of Growth and Development*

      Is information provided about the following items for the pupil?
      Feeding problems, height, weight, head circumference, developmental milestones (sitting up, crawling, feeding self, walking , talking), handedness, coordination, toilet training, habits, and behavior

   e. *Family History*

      Is information provided about the following items concerning the family?
      Structural relationships, crises, economic and cultural levels, and family members with similar symptoms, inherited disorders, abnormal gaits, congenital anomalies, and abnormal patterns of growth and development

   f. *Psychosocial patterns*

      Is information provided about the following items concerning the family or caretaker?
      Socioeconomic status, occupation, physical and emotional environment, and parenting skills
3. Are results of any developmental screening tests recorded on or attached to the pupil's history?
4. Is there a record of the pupil's general overall state of health? (Provide information about the pupil's medication, specialized health requirements, needed equipment, and activity level.)
5. Are the pupil's absences documented along with the follow-up action taken?
6. Are parents' perceptions of the pupil's orthopedic impairment, as well as the expectations for the pupil, recorded?
7. Is the pupil's perception of the orthopedic impairment solicited and recorded?

The assessment should state clearly how any conclusions were obtained and also should document other observed behavior.

General Health Assessment

The current general health assessment may be conducted by the pupil's personal physician, nurse practitioner, paneled California Children Services pediatrician, or other medical doctor.[1] With the parents' written consent, a report is forwarded to the assessment team.

The physician describes the nature of the handicap, makes recommendations concerning therapy and specific equipment needs, and prescribes any medication or specialized health care that is needed during the school day. The data included in the history and general health assessment often indicate whether or not a more complete neuromuscular or orthopedic evaluation is warranted.

QUESTIONS

Are current health assessments and recommendations available at the school site?

One should look for the following:

1. Is the pupil's attending physician or source of health care identified?
2. Are recommendations given to educational and therapeutic personnel for modifying or adapting activities and materials to meet the needs of the pupil, especially when the impairment is progressive?
3. Are baseline parameters identified for future comparison?

Orthopedic Assessment

The orthopedic assessment is usually performed by a paneled California Children Services orthopedist, except when parents prefer to use their private orthopedist.[2] The orthopedist's goal is to develop whatever functional potential the pupil has, with special emphasis on his or her attaining maximum mobility and hand and arm function. Orthopedic alternatives are identified that will improve the pupil's physical functioning, such as corrective surgery, braces, a wheelchair, or occupational or physical therapy. If needed, the orthopedist will suggest specific equipment required by the pupil, as verified by the assessment data from the multidisciplinary assessment team; e.g., occupational, physical, and/or language, speech, and hearing specialist.

QUESTIONS

Does the orthopedic assessment report assist those who are developing the pupil's educational program?

One should look for the following:

1. Does the orthopedic assessment report do the following:
   a. Describe the pupil's current physical functional ability?
   b. Predict the potential physical functional ability of the pupil?
   c. Identify special equipment when needed?
   d. Identify how the impairment may affect the pupil's functioning in school?
2. Does the orthopedic report also have an accompanying physical and/or occupational therapy assessment report when appropriate?

Fine Motor Assessment

The fine motor assessment is usually performed by a California Children Services' occupational therapist working in conjunction with the orthopedist. The area of fine motor skills deserves particular attention because of the importance of developing the pupil's growth and independence in self-help skills.

QUESTIONS

Is there a complete assessment of the pupil's fine motor skills?

One should look for the following:

1. Are the pupil's structural or functional abnormalities noted?
2. Is the pupil's coordination influenced by unusual motor behaviors?
3. Does the pupil use an assistive device?
4. Are limitations in the pupil's range of motion noted?
5. Is the pupil's dominant extremity identified?

Gross Motor Assessment

The gross motor assessment is usually performed by a California Children Services' physical therapist working in conjunction with the orthopedist. Assess-

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[1] A definition for *paneled California Children Services pediatrician* appears in Appendix B.

[2] A definition for *paneled California Children Services orthopedist* appears in Appendix B.

The orthopedist's goal is to develop whatever functional potential the pupil has, with special emphasis on his or her attaining maximum mobility and hand and arm function.

ment of the pupil's gross motor function is important for early identification of handicapping conditions. Early identification can minimize the physical handicap and maximize a pupil's physical, social, and intellectual growth.

QUESTIONS

Are significant factors contributing to the pupil's gross motor abilities considered?

One should look for the following:

1. Does the pupil have:
   a. Skill levels appropriate for his or her age?
   b. Normal range of movement for joints?
   c. Abnormal posturing?
   d. Need for assistance in performing activities?
2. Did the assessment determine the pupil's:
   a. Strength?
   b. Endurance?
   c. Mobility?
3. Is there evidence that the examiner considered the pupil's ability to do the following when the assessment results were evaluated:
   a. Process information and respond to stimuli?
   b. Participate willingly in the evaluation process?
4. Are special equipment needs suggested?

Assessment of Ability and Achievement

This section contains a description of the assessments of the intellectual ability and academic achievement for school-age pupils and for infants and preschool pupils.

School-Age Pupils

For educational planning one needs to make a thorough assessment of the pupil's currently measurable potential and achievement and of the relationship of the handicapping conditions to both areas. The assessment information can be used to identify the areas of strength and the needs of the pupil, the learning rate that can be expected of the pupil based on past and current data, and the adequacy of the pupil's cognitive processes.

The assessment data should inform the staff about how the pupil currently functions, how this assessment compares with any previous assessments of the pupil, and how the pupil compares with his or her nonhandicapped peers. The pupil's intellectual capabilities and problem-solving skills should be assessed as well as the pupil's progress in academic subjects. The educational staff must assess the capacity of the pupil to use his or her body and must estimate how the physical limitations and/or any perceptual impairments have affected the pupil's acquisition of information and the development of skills needed for academic tasks. If the pupil's primary language is other than English, the assessor must determine how much, if any, this situation has further limited the pupil's acquisition of information.

Any modifications made to the assessment instrument or test-taking procedures must be described. The modifications used should be documented, such as testing the pupil's limits in contrast to using the standardized procedures (limited time as required in test administration versus unlimited time).

QUESTIONS

Has there been a complete assessment of intellectual ability and academic achievement?

One should look for the following:

1. Were formal and informal assessments given?
2. Is note made of the strengths or weaknesses of specific tests with regard to this pupil?
3. Were there modifications in the test administration procedure or environment? Such modifications should be described or documented and related when appropriate to recommendations for classroom adaptations.
4. Is there documentation of how the pupil's reasoning ability and ability for abstract thinking were assessed?
5. Were the assessments conducted by qualified personnel?

Has there been a complete assessment of the curriculum appropriate for the pupil?

One should look for the following:

Were the following curriculum areas assessed when appropriate:

Reading?
Writing?
Arithmetic?

Social studies?
Science?
Physical education?
Art?
Music?
Career and vocational education?
Independent living, including self-help skills and consumer studies?

Is the relationship between the pupil's academic achievement and ability examined?

One should look for the following:

1. Is there a comparison of the pupil's academic achievement and chronological age and academic achievement and grade level?
2. Is the intellectual potential of the pupil compared with his or her academic achievement?
3. If there are disparities in the previous comparisons, were the differences discussed and were any further assessments completed?
4. Is this a gifted pupil?

Are assessment reports understandable to the classroom teacher and the parent?

One should look for the following:

1. Are there narrative interpretations of results in lay terms?
2. Are the pupil's strengths as well as weaknesses discussed?
3. Are there suggestions relevant to the pupil's classroom application?
4. Are there suggestions relevant to the pupil's home support?

Has the need for assessment of the learning process been addressed?

One should look for the following:

1. Is there a perceived and documented need for assessment of the pupil's learning process as a result of the pupil's classroom performance or staff observation?
2. Have the pupil's basic auditory, visual acuity, and perceptual skills been screened and/or assessed, using both formal and informal instruments?
3. Do assessment results reported assist the staff in planning and implementing educational strategies for the pupil?
4. Were recommendations made for activities and teaching techniques based on the strengths and needs of the pupil's learning style?

Infants and Preschool Pupils

Several state agencies have the legal mandate to search for infants with exceptional needs. Staff from local subdivisions of these agencies, such as regional centers and California Children Services, often identify an infant with severe orthopedic problems before the educational agency is involved. When written parental permission is given, the records from these agencies should be used by the assessment team, thereby eliminating duplication of assessments and encouraging coordination among agencies serving the infants.

When the infant is referred for educational services, an assessment plan, which includes the known information on the infant, shall be developed to determine the infant's eligibility for special education and to assist in educational planning for the infant. The parents must be directly involved in the educational assessment process.[3] To respond to the infant's changing needs, one should make ongoing informal assessments, with frequent and periodic feedback to the parents.

Those assessing the infant should be familiar with both normal and abnormal infant growth and development as well as with special methods and equipment needed for assessment. To reflect a more accurate picture of the infant, one should conduct the assessment during the optimum time of day for the infant and parents and in familiar surroundings. The infants' assessments are administered by multidisciplinary personnel, who, if possible, should assess the infant simultaneously rather than separately. In addition to reporting the developmental, psychosocial, and health information, those preparing the assessment report should indicate the time of day and length of contact with the infant, the environment, the presence or absence of parents, and the observed behavior of the infant, as these affect his or her responses.

QUESTIONS

Are there both direct and indirect assessments of the infant with a severe orthopedic impairment?

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[3] This term includes the primary care provider, such as a foster parent or babysitter or extended family taking care of the infant.

The pupil's ability to communicate thoughts, ideas, and emotions can be severely curtailed by an orthopedic impairment.

One should look for the following:

1. Does the assessment report indicate the conditions under which the assessments were administered?
2. Did the direct assessment involve the infant's performance in all developmental areas and include baseline data for future comparisons?
3. Was an indirect assessment instrument used when the parent was interviewed?
4. Is there ongoing assessment of the infant?

Assessment of Communication Skills

The pupil's ability to communicate thoughts, ideas, and emotions can be severely curtailed by an orthopedic impairment. Communication skills should be one of the earliest assessments completed to aid in making valid assessments in other areas. The use of adaptations for nonspeaking pupils can greatly facilitate their reponses. Gesture, facial expression, and body language are integral parts of the communication system used by many orthopedically handicapped pupils in lieu of oral speech.

Hearing loss as a result of frequent upper respiratory infections, nerve impairments, and atypical anatomical structures is common in the population having orthopedic impairments. A pupil's hearing always should be assessed. Both formal and informal tests can be used for this purpose.

For any pupil who has unintelligible speech or who lacks speech, an augmented communication system should be considered. The recommendation to use any system should be made by the individualized education program team; in addition to the parent, teacher, and administrator, the team includes other personnel who have assessed the pupil, such as the occupational therapist, physical therapist, and language, speech, and hearing specialist.

If the pupil's primary language or mode of communication is not spoken English, the language, speech, and hearing specialist either must be fluent in the pupil's primary language and/or mode of communication, or he or she must obtain a trained interpreter to assist in the assessment. Obtaining standardized tests in languages other than English is often difficult. When evaluating the adequacy of pupils' communication skills in the primary language, the language, speech, and hearing specialist may need to involve the parent. If the pupil is nonoral, with a primary language other than English, the parent may assist the interpreter in understanding the pupil's communication system.

QUESTIONS

Is there a complete assessment of the pupil's communication skills?

One should look for the following:

1. Was the speech and language assessment given by a language, speech, and hearing specialist?
2. Were periodic assessment updates administered?
3. Have both the expressive and receptive speech and language of the pupil been evaluated?
4. Has the pragmatic or functional use of language on a daily basis been assessed?
5. Is the report understandable to teachers and other professionals?
6. Are specific goals and objectives outlined for classroom, home, and therapeutic sessions?
7. Are both formal and informal tests used to arrive at the conclusions?
8. Are any modifications of the test duly noted?
9. Is a language sample included when attainable?

Has an augmented communication system been considered for each pupil who lacks speech or who has unintelligible speech?

One should look for the following:

1. Has the individualized education program team discussed unaided (signing or gestures) versus aided (language boards or technology) communication?
2. Are these aspects considered:
    a. How the pupil communicates?
    b. The pupil's intentional responses?
    c. Whether a pupil has a consistent yes or no response?
    d. Whether the present system meets the pupil's needs at home and at school?
3. Have occupational and physical therapists been consulted on the pupil's most consistently reliable bodily movement for operating a communication system?

4. Has an assessment been conducted for the possible use of assistive devices and their potential for improved communication at home and at school?

Assessment of Physical Education

Physical education means the development of one's physical and motor fitness; fundamental motor skills and patterns; and skills in aquatics, dance, and individual group games and sports. Instruction in physical education is a vital part of the total educational program for the pupil with severe orthopedic impairments. Physical education programs enable these pupils to maintain or improve physical skills and social development as well as to pursue leisure and lifetime sports. Assessment includes gathering information from the classroom teacher, the pupil's cumulative folder, the pupil's medical history (including physical and occupational therapy assessment reports), and from the administration of an appropriate motor assessment instrument for severely orthopedically handicapped pupils. This assessment instrument should be administered by an individual who has a credential in adapted physical education.

QUESTIONS

Does the assessment information include the basic components of physical education?

One should look for the levels of a pupil's abilities in the following areas:

Strength
Endurance
Mobility—how the child moves about the environment
Dynamic and static balance
Locomotor skills
Eye-hand and eye-foot coordination
Perceptual motor abilities
Cardiovascular endurance
Flexibility

Was information from other assessment reports used when the physical education program was planned?

One should look for the following:

1. Are the medical limitations of each pupil's condition considered?
2. Is specialized physical education equipment needed to conduct a pupil's program?
3. Are placement options considered for the pupil; e.g., regular, specially designed, or adapted physical education?

Social and Emotional Characteristics

Generally, a specific set of social and emotional characteristics cannot be linked to a pupil's particular orthopedic impairment. The pupil's adjustment to the handicapping condition may be one of acceptance, or he or she may develop complex problems. If the orthopedic impairment is newly acquired or one that causes progressive deterioration of the pupil's health, ongoing assessment of the total pupil is essential. The lack of appropriate social and emotional skills can seriously affect the pupil in his or her interpersonal relationships, social interactions, independence, and work choices.

The assessment of a pupil's social and emotional skills encompasses the following areas: an individual's self-concept, the psychosocial implications of the orthopedic impairment and any accompanying sensory deficits, the family's reaction and adjustment to the pupil's impairment, the range of acceptance or rejection the pupil encounters in daily life, the lack of choice or control in decision making concerning what is done to one's body, the pupil's development of sexuality, the occurrence of family separation, the pupil's concerns about marriage, and the issue of death and dying. Parental ideas about these areas are very important so that an understanding of the family's attitudes and expectations can be developed.

QUESTIONS

Is there an ongoing observational record of the pupil's social and emotional skills and interactions?

One should look for the following:

1. Do staff members observe the pupil's social interaction and make note of the appropriateness of the behavior for the pupil's age and the types and nature of the interactions?

Pupil ⟷ peer (handicapped)
Pupil ⟷ peer (nonhandicapped)
Pupil ⟷ adult (handicapped)
Pupil ⟷ adult (nonhandicapped)
Pupil ⟷ family

Independent living skills should be stressed throughout the entire school career of the individual, from preschool through high school.

2. Are the pupil's social maturity and skills used as part of the basis for decision making regarding educational programming and placement?
3. Do the pupils take responsibility appropriate for their age for their decisions, actions, and attitudes?
4. Are emotions (e.g., laughter, tears, or anger) expressed within a normal range of intensity appropriate for the situations?
5. Is there provision for assessing the pupil's need for counseling, consultation, and/or support service when a pupil needs assistance with self-concept development, adjustment to the orthopedic impairment, death and dying, control or lack of control of medical treatments to one's body, changing roles leading to adulthood, and sexual growth and adjustment?

Is there ongoing assessment or observation by multidisciplinary personnel of the pupil with an acquired handicap or changing physical condition to determine when additional support may be needed?

One should look for the following:

1. Are there ongoing observations and sharing of information among professionals working with the pupil?
2. Are personnel who are working daily with the pupil provided with guidelines noting possible changes in the pupil's behavior or attitudes that are typical to this population and that would indicate a need for counseling?
3. Is there a procedure for getting the pupil the needed counseling?
4. Are suggestions made for specific instruction in social skills based on the assessments and observations of the pupil?

Assessment of Independent Living Skills

Independent living skills allow pupils to increase their ability to interact with their environment and to make decisions about how they will live, work, or play. Independent living skills should be stressed throughout the entire school career of the individual, from preschool through high school. These skills fall into the categories of self-help and mobility.

Self-Help Skills

Self-help skills are those used in everyday living for dressing, grooming, preparing food, and caring for one's environment; for example, housekeeping. The pupil should be able to use these skills in a variety of settings: at home, at school, and in the community. A pupil may be able to perform some steps of a task unassisted and may need help with others, or he or she may use adapted techniques or aids. The pupil who cannot physically complete a skill should learn the basic steps so that he or she can direct a helper.

QUESTIONS

Is there a complete assessment of the pupil's self-help skills?

One should look for the following:

When appropriate, is there an assessment report concerning the pupil's functional ability in the following self-help skills:

Dressing?
Grooming?
Food preparation?
Housekeeping?
Toileting?
Eating?

Does the assessment show to what degree the pupil controls his or her environment and self-care needs?

One should look for the following:

1. Can the pupil do all or part of a task unassisted?
2. Can the pupil complete a task with assistance?
3. Can the pupil do a task more efficiently another way or with an adapted (assistive) device?
4. Can the pupil relate the basic steps necessary to complete the task?
5. Can the pupil explain to others how and when help is needed?

Mobility Skills

Pupils with severe orthopedic impairments may be limited in their spatial orientation and actual physical movement from one place to another.

The pupils need to be assessed for their ability in getting around in a confined space; in determining the best way to travel long distances; in managing curbs, inclines, and rough ground; and in using various modes of transportation, both public and private. Pupils need to be assessed for their ability to give directions to others who help move them from place to place. The less independently mobile the pupils are, the more important is their ability to give directions to those who will be transporting them about the home and community.

QUESTIONS

Does the assessment report of mobility skills reflect parental and staff recommendations?

One should look for the following:

1. Are there medical, physical, and/or occupational therapy evaluation reports showing the mobility status of the pupil?
2. Is there a physical or occupational therapy assessment report documenting the equipment needs of the pupil?
3. Was information from teachers used in determining the mobility needs of the pupil?
4. Is there consultation among the various staffs (educational and medical, physical therapy, and occupational therapy) regarding the mobility needs of the pupil?
5. Are there assessments to show the pupil's mobility in a variety of environments; e.g., in the classroom, on the playground, in the home, at a shopping mall, and in the use of public transportation?
6. Is information from parents used in the evaluation of their child's mobility skills?

Career and Vocational Education Plans

In developing career and vocational plans, one should consider the pupil's vocational interests, work-related behaviors, physical and academic functional levels, and ability to use specialized equipment in a work situation.

Formal and informal means exist for organizing this assessment information. Teachers' and parents' observations and similar recordkeeping begun during a pupil's early age should be included in the informal assessment. The assessment report should contain a summary of all observations made by specially trained personnel, such as vocational educators, rehabilitation staff, or career counselors.

QUESTIONS

Are there assessments of those skills that enable the pupil to make an informed career decision?

One should look for the following:

1. Have the pupil's work-related attitudes and interests been assessed?
2. Is current information available concerning the pupil's orthopedic impairment and the need for adaptations especially relating to participation in a variety of work environments?
3. Is there a compilation of ongoing assessments; e.g., from a career counselor, vocational rehabilitation staff, or regional occupational program?
4. Is there a procedure for career planning assessment and counseling wherein parents and appropriate agencies are kept mutually informed?

CHAPTER TWO

Planning and Providing Instruction and Services

In developing the individualized education program, the team needs to be cognizant of each of the sections within this chapter. These sections cover the following aspects of services provided to orthopedically impaired students: assessment information, curriculum continuity, specialized materials and equipment, instructional program areas, physical education, leisure-time activities, social and emotional development, mobility training, independent living skills, career and vocational education, linguistically appropriate programs, parental involvement, staff development, and proficiency standards.

Assessment Information

The individualized education program team does the following: reviews assessment results, determines eligibility, uses assessment information and recommendations in developing a pupil's individualized education program, recommends a course of study, and determines the appropriate educational placement for each pupil. In addition to the school administrator, parent, special education teacher, and pupil (when appropriate), the team must include other personnel who have conducted an assessment of the pupil or who are knowledgeable about the assessment and can interpret the results. The team may include educational and other agency staff whose expertise and knowledge contribute to the development of the educational program. The goals and objectives of the special education and needed related services are to be identified and then recorded in an individualized education program.

Pupils with severe orthopedic impairments should be encouraged to complete the district's course of study adopted by the local school board; however, some pupils with limited physical abilities and decreased physical stamina will need board-adopted alternative ways to complete the prescribed course of study.

Overreliance on a modified curriculum can result in a pupil's lack of exposure to basic academic subjects and should be avoided when the pupil is capable of learning. When adapting the pupil's curriculum, planning daily specialized instruction, or using specialized materials and equipment, the teacher should incorporate recommendations from the assessment reports. Monitoring the pupil's progress is important to determine where changes in or linkage to the adaptive curriculum are necessary.

QUESTIONS

Are the assessment data used when the goals and objectives and the instructional program are being developed?

One should look for the following:

1. Is there a direct relationship among the assessment information, the educational goals and objectives developed for the individualized education program, and the pupil's educational placement?
2. Do the pupil's goals, objectives, and curriculum relate to the board-adopted course of study or to the alternative course of study as well as to the assessment information?
3. Can teachers identify and explain adaptations of the curriculum when these occur?
4. Do teachers provide for articulation between the regular and special curriculum in the teaching and learning process?

Curriculum Continuity

The pupil with severe orthopedic impairment may need an extended period of time to complete the curriculum for a specific grade because of:

1. Prolonged absences for illnesses, surgery, and other medical treatments
2. Longer response time needed to complete any activity, because of physical involvement, speech impairment, perceptual problems, effects of medication, use of specialized equipment, and physical and mental fatigue
3. Absences from class for needed speech, occupational, or physical therapy
4. Accompanying sensory impairments; e.g., visual or auditory impairments

The teacher ensures that the pupil's instructional program which implements the individualized education program progresses in a sequential manner. A curriculum taught in any given year must relate to and expand on that which was taught in previous years, and it also will logically proceed to the next year. Accurate recordkeeping is of the utmost importance to document the pupil's progress, to eliminate any unnecessary repetition of materials used, and to assist the pupil in making progress, even with frequent absences from the class.

QUESTIONS

Does the pupil's individualized education program provide continuity from one year to the next?

One should look for the following:

1. Does the curriculum progress sequentially when the pupil advances from one grade or program to the next?
2. Do teachers know what subject matter the pupil has covered in preceding years and what will be required subsequently?
3. Is there documentation of the pupil's progress in each area of the curriculum?

Specialized Materials and Equipment

Nonprescriptive specialized materials and equipment may be required in some circumstances. The documented orthopedic impairment and associated physical problems (motor incoordination, muscle weakness, extreme muscle tension limiting physical movement, or extreme effort needed to perform tasks) may affect a pupil's classroom performance. A pupil's rapid physical fatigue, weakness, or incoordination may be accommodated by adapting available materials and equipment or by designing specialized equipment related specifically to the pupil's orthopedic impairment. Parents may have already developed some unique equipment to help improve their child's functional performance. Parental advice about the use of the equipment and possibly a demonstration of how it works should be solicited early in the assessment process.

Whenever possible, pupils should be taught to handle regular classroom materials. Adaptive and specialized equipment and materials should be used to assist the pupils when the use of regular classroom materials reduces the amount of their practice time and limits their exposure to information. When medical personnel determine that the orthopedic impairment of a pupil prevents him or her from achieving the functional development of a necessary skill, adaptive

The teacher ensures that the pupil's instructional program which implements the individualized education program progresses in a sequential manner.

equipment and materials should be introduced, even as early as preschool.

QUESTIONS

Have commercially available specialized materials and equipment and homemade adaptations of common materials been explored when necessary?

One should look for the following:

1. Is there documentation of contact with the pupil's parents to solicit information from them regarding materials or equipment that they may have developed and are using with the pupil?
2. Are the selection and use of adaptive and specialized equipment and learning materials based on the recommendations from the pupil's assessment?
3. Does the pupil have access to regular classroom materials and equipment that have been adapted to his or her particular needs, such as:
   a. Electric typewriters with added key guards?
   b. Cutout and/or raised desks?
   c. Tape recorders with key extenders?
   d. Microcomputers
   e. Photocopied and magnified workbook pages that have been reinforced for easy turning?
4. Does the pupil have access to equipment and materials, such as:
   a. Electronic communication aids with printed and vocal outputs?
   b. Eye switches or other interfaces with which to activate computers?
5. Do individual pupils have access to handmade devices, such as:
   a. Homemade electronic answer indicators for testing?
   b. Handsplints to hold pencils?
   c. Personalized work sheets?
6. Does the pupil receive training on how to use the specialized equipment and materials with attention to increasing precision and speed?
7. Does the pupil have enough space and reasonable amounts of time to use the specialized materials and equipment comfortably?
8. Is there an assessment to determine the continued effectiveness of the specialized equipment for a given pupil?

Instructional Program Areas

Teachers should match their methods of conveying instruction to the pupil's receptive capabilities and individual learning styles. Current assessment information about a pupil should be used when styles for communicating instruction are selected. The orthopedically impaired pupil learns as does any other pupil by using the auditory, visual, or motor kinesthetic channels. Many orthopedic impairments distort or limit an individual's perception. Where this situation is the case, teachers must make special accommodations.

Teachers should help pupils who are unable to talk or write develop their response techniques. Responses for some pupils may be pointing, lip movement, eye blink, head nodding, or gross body movements. In addition an appropriately placed microswitch may be used to activate independent communication.

Pupils need not remain passive until they are helped. They must be trained to solicit necessary assistance and work independently. Pupils should learn to use volunteers effectively and to find ways to develop maximum self-reliance.

QUESTIONS

Are teachers using teaching techniques to accommodate the learning styles and response modes of pupils?

One should look for the following:

1. Do teachers match their teaching presentations to the pupils' learning styles?
2. Do teachers alter time constraints for pupils with limited attention spans or fatigue problems by:
   a. Allowing more time for tests?
   b. Allowing more time to complete assignments if physical or learning impairment slows the responses of pupils?
   c. Providing breaks from tasks when the pupils are fatigued?
   d. Reading or providing audiotaped information to pupils who cannot read materials?
3. Are teachers using special education procedures for teaching pupils with perceptual problems?
4. Are pupils instructed in making the best possible use of classroom time?

5. Are responses expected from pupils who are unable to talk or write?
6. Has an effort been made to find and use the most efficient response mode?

Physical Education

When planning for a physical education program based on an assessment of a student's motor needs, the individualized education program team should design an appropriate plan that will include the following options: regular physical education, specially designed physical education, and adapted physical education.

By using the combined medical and educational assessment information and staff expertise, one can plan the pupil's participation in physical education activities. The physical education program staff should teach those skills and activities appropriate to the pupil's abilities. When the pupil is unable to participate in a regular physical education class, the activities may need to be modified to accommodate the type of orthopedic impairment.

The recommendations for the pupil's medical therapy must be considered when physical education activities are adapted. An adapted physical education specialist may conduct the physical education classes or consult with the special or regular classroom teacher when the individualized education program indicates a need for regular or specially designed physical education. When the individual education program indicates a need for adapted physical education, the program must be conducted by a credentialed adapted physical education specialist.[1] When the low-incidence orthopedically impaired pupil is located in a geographically isolated area, the adapted physical education program may be conducted by a qualified teacher, with consultation from an adapted physical education specialist. Pupils should be encouraged to participate in extracurricular sports and recreational activities.

QUESTIONS

Do pupils participate in appropriate physical education activities?

One should look for the following:

1. Are activities and equipment modifications based on the recommendations from the pupil's medical and physical education assessment?
2. Do the therapy staff and adapted physical education specialist assist the classroom teacher or regular physical education teacher in modifying and adapting physical education activities to meet the pupil's needs?
3. Do physical education programs provide vigorous physical activity based on the degree of orthopedic impairment and the age of each pupil?
4. Are the pupils given opportunities to compete in games and develop cooperative skills?
5. Are the pupils given opportunities to improve their basic physical education skills?

Leisure-Time Activities

Pupils who have limited physical motion and limited access to friends and activities within the community can be taught to adapt various academically related activities for use during their leisure time.

Through classroom activities and field trips, teachers can motivate pupils to develop an interest and become involved in various leisure and recreational activities. Teachers and staff can adapt an activity to facilitate the pupils' participation with nonhandicapped peers. The pupils will need to learn how to play a game, how to use equipment, how to handle competition, how to win or lose, how to share, and how to solve problems in new situations.

Pupils will need to develop the kinds of interpersonal awareness and skills that will aid in making and keeping friends. Such skills will give pupils an entry into extracurricular school activities, as well as provide additional opportunities for social interaction with nonhandicapped peers during noontime activities.

QUESTIONS

Are academic activities expanded to provide for the use and enjoyment of leisure time?

One should look for the following:

1. Are pupils motivated to use their academic and social skills functionally in leisure-time activities?

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[1] This specialist is a teacher with a credential authorizing the teaching of both physical education and specialized training remedial-adaptive physical education.

2. Are pupils motivated to expand their skills and knowledge of various academic curricula through the use of leisure-time activities?
3. Are pupils included in noontime and extracurricular school activities?
4. Are pupils receiving instruction in nonacademic leisure skills and encouraged to become involved in leisure-time activities within their community?

Social and Emotional Development

Although pupils are restricted in their physical movements and ability to interact freely, they can be active members of their community. Activities that are appropriate for the age of a pupil should be planned to give him or her experience in dealing with varying social and emotional situations. Pupils may need to experience the give and take of personal relationships with people outside their immediate families. These pupils need to understand their own orthopedic impairments, the effect of the impairment on their activities, and the varied opportunities available to them. Pupils need to know how to interact with nonhandicapped peers and adults, both verbally and nonverbally. They need to develop coping skills for occasional rejection by others and realize that rejection is not necessarily personal.

Pupils in special classes may have a higher probability of having school friends who die than would exist for pupils in a normal classroom. The fears and issues relating to death and dying must be discussed and dealt with when this event occurs.

Activities should be planned to assist pupils in leaving the sheltered school environment and taking their places in the community. Many pupils worry about whether they will be able to function sexually, marry, have children, establish their own homes, and face the world alone. Pupils will need to know what is expected of them when becoming members of the adult community. They will need to explore the adult activities that they can perform unassisted and the ones that will require assistance. Pupils should know how to identify community resources where they may receive needed services, how to gain access to them, and how to become their own advocates. They may serve as advocates for their more handicapped peers.

QUESTIONS

Does the school environment provide pupils with opportunities to grow socially and to develop emotional skills?

One should look for the following:

1. Is there opportunity to interact and develop relationships with nonhandicapped as well as with handicapped peers and adults?
2. Are there opportunities to express or role-play emotions appropriate to specific situations?
3. Are pupils given feedback on the appropriateness of their interactions with peers and adults in a variety of situations?
4. Are there opportunities for pupils to take responsibilities appropriate for their age for their decisions, actions, and attitudes?
5. Does the school provide each pupil with opportunities for developing his or her self-concept and self-esteem?
6. Does the pupil understand his or her own impairment well enough to explain it to others?
7. Does the school prepare pupils to enter community life?

Mobility Training

Mobility relates to the way pupils move through space. This process leads from the pupils' awareness of their bodies' movements in space to their skills in motor planning (the pupils' plan for the actual movement from one point to another). For training activities to be effective, the educational and therapy staff must consult and work together.

The appropriate mobility aids (braces, wheelchairs, walkers, canes, and so forth) are prescribed by the physician, based on recommendations of the physical therapist, occupational therapist, teacher, parent, and pupil. The physical and occupational therapists are responsible for consultation regarding positioning (e.g., placement in a chair or use of pillows to facilitate sitting), training in mobility, and ongoing assessment of the pupil's physical needs. The educational staff members provide the pupil with an opportunity to practice mobility skills, and they encourage him or her to develop mobility skills in the most functional manner.

Activities should be planned to assist pupils in leaving the sheltered school environment and taking their places in the community.

QUESTIONS

Does the pupil use appropriate skills of spatial orientation and motor planning to get from one place to another?

One should look for the following:

1. Can the pupil understand, use, and follow simple directions?
2. Is the pupil able to go from one place to another, using the most functional or direct route?
3. Can the pupil follow the normal rules for safe and courteous travel and movement?
4. Does the pupil recognize and use familiar landmarks in travel?
5. Does the pupil recognize and obey traffic signs and signals?

Does the teacher facilitate the development of a pupil's mobility?

One should look for the following:

1. Is the pupil given the opportunity to practice mobility skills?
2. Is the pupil given opportunity to use recreational equipment to practice and develop mobility skills?
3. Does the pupil do the following:
    a. Travel on rough ground or inclines and around obstacles?
    b. Manage curbs and steps or find alternative routes or elevators?
    c. Ask for information and assistance?
    d. Check the accessibility of where he or she wants to go?
    e. Learn to use public transportation?
    f. Give directions to the provider of his or her transportation?

Independent Living Skills

Knowledge and use of independent living skills allow pupils to increase their ability to interact with their environment and to make decisions about how they will live, work, and play. While pupils with severe orthopedic impairments may need more assistance than others with many self-help tasks, they must decide how and when that help will be given. Independence for these pupils will lie in self-determination.

The development of independent living skills takes place from preschool through high school and beyond. These skills are developed at home, at school, and in the community. These skills include dressing, grooming, toileting, eating, preparing food, caring for one's environment (housekeeping), and developing community skills, such as shopping and money management.

The type of orthopedic impairment may affect the way a pupil will learn to do a particular task and necessitate the use of a variety of adapted aids and techniques. The pupil who cannot physically complete a task must be given the opportunity to learn the basic steps, so that he or she can let a helper know how and when a job is to be done.

QUESTIONS

Is time allotted for the development and practice of independent living skills?

One should look for the following:

1. Is time allotted to provide communication among parents, teachers, and the therapy staff regarding self-help skills and the pupil's activities in various settings?
2. Are training and time allotted to the following:
    a. Practice specific dressing and grooming skills?
    b. Practice the skills needed in food preparation and nutrition, such as menu planning, shopping, and preparing meals in both the school and home environment?
    c. Gain skills as appropriate to perform housekeeping tasks leading to independent living? (This may include the ability to communicate appropriate directions to a housekeeper or an aide.)
    d. Assume responsibility for having his or her own classroom tools ready for a given assignment?
    e. Practice directing another individual?
    f. Attend driver education and training when appropriate?
3. Is the pupil given the opportunity to practice self-help skills in the community; e.g., shopping, eating in restaurants, or using public transportation?

Career and Vocational Education

Career and vocational education are essential components in an individualized education program. The family should be involved in vocational awareness, orientation, and planning as soon as the pupil enters the program. School, family, and agency awareness and expectations for the pupil need to include vocational planning.

Because of the severity of the orthopedic impairments and possible accompanying disorders, such as perceptual, hearing, learning, or others that these pupils may have, they may require varied approaches to their vocational preparation. New technology, rehabilitation engineering, and legislation, such as Section 504 of the Rehabilitation Act of 1973, are opening employment possibilities for these pupils.

Career and vocational education should be an integral part of the curriculum for all pupils with severe orthopedic impairments. Preparation should start in elementary school with career awareness and the development of appropriate attitudes and work habits. At this level the pupils need to be introduced to the world of work, including exposure to specific occupations employing persons who have disabilities similar to their own. Opportunities for trial and error and resulting realistic self-appraisal of skills, abilities, and strengths should begin at this time. The process of awareness, self-appraisal, and the development and acquisition of appropriate work-related attitudes must be a part of the curriculum at an early age for the severely orthopedically impaired pupil. These processes will take a longer period of time for these pupils in comparison with their nonhandicapped peers.

Specific vocational skill exploration should begin when the pupils have a realistic awareness of their abilities and limitations and their place in the world of work. Actual vocational training could include on-the-job experience as soon as the pupils are ready and as often as possible. On becoming sixteen years of age, the pupils should be referred to the rehabilitation counselor in the local office of the California State Department of Rehabilitation.

The pupils need to learn how to plan independently their own transportation to and from the work site. At the work site pupils need to be able to recognize potential barriers and to assist employers in the creation of an accessible work environment; e.g., bathrooms, lunchrooms, cafeterias, and work stations.

QUESTIONS

Is there evidence that the pupils are developing a continuum of experiences in career awareness, orientation to the world of work, career exploration, and job preparation?

One should look for the following:

1. Is there evidence that pupils are given opportunities to develop a knowledge and appreciation for paid and volunteer jobs?
2. Is there documentation of the progress of pupils in developing work habits and assuming responsibilities appropriate for their age at home, at school, and in the community?
3. Is there documentation of the pupils' exposure to the world of work and a variety of realistic career choices?
4. Is there evidence that the pupils can identify careers that are realistic and compatible with their personal interests, abilities, and limitations and that are currently available in the community?
5. Is there evidence that the pupils have received basic preparation applicable to a variety of job situations?
6. Is there an assessment of the ability of pupils to evaluate and handle their own transportation and mobility needs?

Is there evidence that parents are being included in career planning and vocational preparation from the time the pupil enters the program?

One should look for the following:

1. Is there evidence of recommendations from parents regarding career expectations for their child?
2. Is there a procedure for advising parents of career planning and vocational options available, including access to various public and private agencies?
3. Is there a procedure for encouraging parents' involvement in the development of career and vocational readiness skills?
4. Are the parents aware that career components must be a part of the individualized education program from grades one through twelve inclusive?

Career and vocational education should be an integral part of the curriculum for all pupils with severe orthopedic impairments.

Is there evidence of sequential career and vocational education curriculum in grades one through twelve?

One should look for the following:

1. Does the school program use specially designed materials relating to career awareness (kindergarten through grade three), orientation (grades four through six), exploration (junior high school), and job preparation (senior high school) that allow for flexible scheduling in support of specialized career planning?
2. Are there provisions for:
   a. Assessing necessary adaptation of work environments?
   b. Teaching the pupil to assess the work site and recommend adaptations?
3. Does the school staff coordinate with businesses and community organizations to provide:
   a. Realistic on-site job exploration?
   b. On-the-job training at a variety of sites?
   c. Cooperative agreements that include awareness of the special needs of pupils with severe orthopedic impairments so that employees would be willing to consider adaptations, such as:
      (1) Access to machinery; e.g., computers, typewriters, or switchboards?
      (2) Modifications in the workplace; e.g., architectual design or scheduling of work hours?
      (3) Expectations for job skills that allow a pupil to perform a job in an accepted but modified manner?
4. Is there a specially designed class that provides instruction in skills for employability, such as on-the-job socialization, communication skills, financial management, coping with unemployment, and job procurement and retention?
5. Is there evidence of the enrollment of the pupil in regular vocational courses, regional occupational program courses, driver education and training, specially designed regional occupational program courses, or part-time placement in an activity center or workshop?

Linguistically Appropriate Programs

Linguistically appropriate programs may be required for some pupils with severe orthopedic impairments who may have a primary language or mode of communication other than English. If the teacher is not fluent in the pupil's primary language, then other methods of communication will need to be established to assist the pupil and the teacher. The teacher is responsible for seeing that the scope of the pupil's education is not reduced by the pupil's limited ability or inability to speak and understand English. The total school day should be meaningful to the pupil. His or her lack of English should not restrict participation in class activities or reduce the acquisition and understanding of the information provided.

Before English is taught, some assessment is necessary of the developmental process and level of the pupil's primary language. Some pupils will have a limited vocabulary in their primary language, and they will need additional assistance to expand their fluency. The problem intensifies for those pupils who do not vocalize or who do not have a meaningful system of communication.

A bilingual aide or volunteer should be made available when necessary. Sources such as nearby college-level bilingual students, radio or television stations that broadcast in foreign languages, service agencies with bilingual staff, or foreign language teachers in local schools or universities can be contacted for assistance.

QUESTIONS

When necessary, are provisions made to assist the pupil whose primary language is other than English to receive the full benefits of classroom activities?

One should look for the following:

1. Is there a person working with the pupil who is fluent in the pupil's primary language?
2. Does the teacher plan classroom activities that include contributions from the pupil's primary culture?
3. Is a communication system being developed for nonoral pupils that increases their fluency in their primary language as well as in English?

Parental Involvement

Parents are valuable resources, and one of their most important responsibilities is providing information to the professionals. They can provide the individualized education program team with information concerning their child's likes, dislikes, learning styles, behavior in certain situations, and successful strategies that they have used when dealing with their child's behavioral problems. In addition, parents must give their written consent before any individual assessment is administered or before the individualized education program, including placement, is implemented.

Parents are important team members and provide continuous support at home. They should be encouraged to take an active role in fostering a healthy developmental sequence of social-emotional skills and behavior for their child.

Parents have many skills that can assist the educational staff. One important service that parents and educators can offer each other is an information-sharing and support system. Parents can serve as advocates for another parent's child, or for the total program. Parents can generate community support for the educational programs. Parents can demonstrate special equipment used by their child, assist in planning and supervising special events and programs, and provide other types of assistance to teachers in the classroom. Parents can help the educational program to proceed more smoothly by maintaining close contact with the school regarding their children, supporting the educational program, and promoting adherence to school rules, particularly those concerning transportation.

Special attention should be given to the non-English-proficient parents. Notices sent home by the school should be in English as well as in the parents' primary language. Interpreters should be provided so that the parents will understand and contribute to school functions.

QUESTIONS

Does the school encourage parental involvement?

One should look for the following:

1. Does the school encourage parents or other appropriate persons to demonstrate new equipment to the staff working with the pupil?
2. Are parents encouraged to volunteer in some aspect of the school program?
3. Are interpreters provided for the non-English-proficient parents so they can actively participate in school functions?
4. Are parents considered partners with the school in providing a good, visible teaching and learning situation?
5. Is there a process for acquiring ongoing recommendations from parents regarding their concerns about educational activities, their child's health status, equipment, or classroom events?

Staff Development

The parents, teachers, and aides of pupils with severe orthopedic impairments need to be given in-service training. This instruction will provide the opportunity to discuss successful instructional strategies, review the latest technological equipment, and master the operation and adaptation of the specialized equipment used by pupils.

The regular teacher needs to have the opportunity to develop the knowledge, skills, and attitudes needed for effective integration of a pupil with an orthopedic impairment prior to his or her enrollment in the class. The in-service training should focus on the regular teacher's concerns specific to the pupil; e.g., the pupil's orthopedic impairment, level of abilities, learning styles, and so forth. The teacher should be provided with ongoing support during the school year.

The total staff, parents, and anyone involved in the physical handling of the pupils must be trained in proper techniques for lifting, transferring, and so forth, without injuring the pupils or themselves. Bus drivers must receive yearly in-service training and be updated, as appropriate, concerning the implications of the pupil's orthopedic impairment and emergency procedures to follow. Another topic that needs constant review is procedural safeguards, such as the privacy rights of pupils relative to their medical and educational records. Joint in-service training should be available for special education teachers and vocational education teachers to facilitate the pupils' entry into regular vocational education classes.

The in-service training for parents should be based on their own specific needs, the needs of the pupils,

All non-English-proficient parents of pupils with severe orthopedic impairments should be provided in-service training based on their needs.

and those of the school. For the low-incidence populations located in outlying areas, the parents' in-service training may be provided on an individual basis. In addition, parents need information pertinent to participation in the education of their own child, such as educational program options and the services and responsibilities of other agencies.

All non-English-proficient parents of pupils with severe orthopedic impairments should be provided in-service training based on their needs. An interpreter must be provided to make the in-service training meaningful to the parent.

The in-service training may be delivered in various formats, such as conferences, videotapes, teleteaching, consultations, visitations, or training modules prepared by the Special Education Division's Personnel Development Unit, and special coursework provided by institutions of higher learning. In-service trainers are available from a variety of sources, such as local staff, staff from various state agencies, college or university faculty, special interest groups or organizations, professional organizations' staff, community members with special skills, staff associated with exemplary programs from other school districts, parents, and private consultants.

QUESTIONS

Do staff development programs meet the parents' needs and those of staff serving pupils with orthopedic impairments?

One should look for the following:

1. Does the staff development plan provide for updating the knowledge of and skills of the staff in instructional techniques and in the use of materials, technological equipment, and other specialized learning aids?
2. Does the staff development plan provide for the interchange of successful teaching techniques and other ideas among parents, teachers, aides, bus drivers, and so forth, both within and outside the special education local plan area?
3. Does the staff development plan provide for the specialized needs of parents of pupils with orthopedic impairments, including parents who do not speak English?
4. Does the staff development plan include training for bus drivers concerning:
    a. Procedures to follow if a pupil has a medical crisis on the bus?
    b. Pupils' physical problems and other accompanying problems?
    c. Procedures for safely and properly securing a wheelchair or other specialized device used by a pupil?
    d. Procedures for properly lifting and transferring pupils without injuring the pupils or themselves?
5. Does the staff development plan include a method for determining the impact of staff development activities on the persons being trained?

Proficiency Standards

When a pupil with severe orthopedic impairments enters special education, the individualized education program team should begin to develop goals and objectives to ensure the development of skills leading to or reaching the district's proficiency standards for graduation. Proficiency standards are adopted by the local governing board in the areas of English-language reading comprehension and writing skills and in computational skills. For a pupil to graduate from a secondary school and receive a diploma, he or she must complete an approved course of study and meet the proficiency standards identified in the individualized education program.

When the individualized education program team determines that the pupil with a severe orthopedic impairment has not demonstrated evidence of ability to attain the district's regular proficiency standards, differential standards must be developed. The individualized education program team may modify the test-taking mode, use the district's differential standards developed for special education pupils, or develop unique differential standards for the pupil. The process of establishing differential proficiency standards may begin at any grade level, but this process is required at the seventh grade. The standards are reviewed yearly as part of the pupil's individualized education program.

Any adjustment in proficiency standards, use of alternative modes, or development of unique standards must be included in the pupil's individualized education program. The pupil with a severe orthopedic impairment may need the following:

1. Alternative modes, such as:
    a. Use of the pupil's primary mode of communication for test taking; e.g., voice-response tape recorders, electric typewriter, minicomputer, calculator, or an answer board
    b. Use of a different method of presenting the test; e.g., tape recorder, signing, or oral dictation of questions and answer choices
    c. A change in the time or conditions for test taking; e.g., more time for the pupil to respond, administer the test over a period of days, or provide for the completion of a task as meeting the standard
2. Adjustment of the proficiency standard, such as:
    a. Reducing the number of questions or problems on a page
    b. Asking the questions in a different way
3. Development of unique differential standards to assess the basic skills in the format, content, and complexity level in which reading, writing, and computation are taught; e.g., daily living activities or vocational program.

QUESTIONS

Do teachers prepare the pupils to meet local proficiency standards or differential standards in periodic proficiency tests?

One should look for the following:

1. Has the local school district governing board adopted a policy regarding differential standards?
2. Are differential proficiency standards developed for the pupil at the appropriate grade level when necessary?
3. Are the adjustments to the proficiency standards included in the pupil's individualized education program, beginning in the seventh grade?
4. Has the pupil met the local proficiency standards?

CHAPTER THREE

Providing Organization and Support to Implement and Improve Programs

This chapter contains a discussion of educational program options for pupils with severe orthopedic impairments, infant and preschool programs, staff for these pupils, parents' and pupils' support for the program, and special considerations for these pupils, covering a wide range of their needs.

Educational Program Options

Pupils with severe orthopedic impairments have a wide range of needs based on the kind of impairment, its severity and prognosis, the accompanying sensory problems, and the pupils' educational needs. Since a particular educational program is not appropriate for all pupils with orthopedic impairments, a full range of program options must be available. The pupil with a severe orthopedic impairment has as much right to these options as does any other individual with exceptional needs, including placement in a regular program. Indeed there will be some pupils with talents, creativity, high achievement, and leadership qualities, indicating that these children should be included in a program for the gifted and talented.

Pupils with severe orthopedic impairments who, because of their disabilities, require intensive instruction and training may participate part-time or full-time in a regular classroom program with an adequate support system. The pupil with this severe impairment may require the consultant services of a teacher who has a credential to teach physically handicapped pupils. This pupil may also require the assistance of an aide under the direction of the classroom teacher or consultant.

For pupils to benefit from special education, there may be a need for other services, such as transportation, occupational therapy, physical therapy, specialized instruction, speech therapy, adapted physical education, counseling, and specialized health care. Related services may be provided in any educational placement, as indicated in the pupil's individualized education program.

The individualized education program team is responsible for:

1. Determining the educational program on an individualized basis
2. Developing an educational program that meets the individual's assessed needs

Every effort should be made to design a program enabling the pupil with a severe orthopedic impairment to participate in a regular classroom.

3. Reviewing and determining annually the appropriateness of the educational placement
4. Considering a continuum of educational program options

Regular Class with an Itinerant Teacher or an Aide

Every effort should be made to design a program enabling the pupil with a severe orthopedic impairment to participate in a regular classroom. Full-time placement of the pupil should be made when the services, equipment, adaptations, and pupils' needs allow sufficient time for the instructional program. The pupil should be involved in learning activities for enough of the school day to progress at least within the achievement range of the class. The pupil's mobility and self-help skills should be developed to the extent that the pupil can fully participate during the instructional time, or appropriate assistance should be provided to solve the problem. Care must be taken that the support service needs of the pupil do not take away from critical instructional periods. For example, therapy should not be scheduled during reading instruction.

Pupils can succeed in full-time regular class placement, provided there is periodic contact with the itinerant teacher who is qualified to teach physically handicapped pupils. The special education teacher provides specialized consultation to the pupils, parents, and regular staff; monitors the maintenance of equipment and adaptations; provides reinforcement for academic activities; and provides special materials. When the pupil needs physical assistance to engage in any activity, an aide may be assigned to perform the tasks under the supervision or direction of credentialed staff; and such use should be included as a related service in the pupil's individualized education program.

When the pupil encounters special problems in learning related to his or her physical impairment, the itinerant teacher of the orthopedically handicapped is responsible for providing direct specialized instruction and curricular guidance. The regular teacher is responsible for planning the pupil's overall academic program. The teacher-to-pupil ratio of the itinerant teacher, aide, or combination thereof would depend on (1) the geographical location of the pupils served; (2) the academic needs of the pupils; (3) the orthopedic needs of the pupils; (4) the time needed to prepare specialized materials or adapt equipment; (5) the amount of consultation and assistance needed by the regular teacher; (6) the time needed for travel, given weather and traffic variations; and (7) the availability of an instructional aide assigned to the teacher and/or pupil.

QUESTIONS

Can the pupil function in a regular classroom with the assistance of an itinerant teacher or aide?

One should look for the following:

1. Is the pupil independent in his or her mobility and self-help skills to the extent that the actual time in class allows for adequate learning?
2. Does the need of the pupil for designated instruction and related services interfere with his or her instructional program?
3. Is the pupil involved in productive learning for enough of the school day to progress within the achievement range of the class?
4. Is consultation available to the regular teacher regarding alternative teaching and learning techniques?
5. Is the classroom location accessible and convenient for self-help activities?

Resource Specialist Program

The resource specialist program can serve a pupil with a severe orthopedic impairment in the same manner that it serves any other individual with exceptional needs. Where there are large numbers of pupils with severe orthopedic impairments, the resource specialist teacher may spend the majority of his or her time working with this group. When this situation occurs, which is not often, the resource specialist teacher should also have a credential to teach physically handicapped pupils. If this is not possible, then a teacher or program specialist credentialed to teach physically handicapped pupils will need to consult with the pupil, regular teacher, and resource specialist.

Special assistance may be needed to devise academic adaptations, develop new ways to use the pupil's special equipment, monitor the maintenance of the specialized equipment, and provide specialized materials. Consultation services should be on a scheduled basis and may be obtained from a local or neighboring special education local plan area's multidisciplinary team, including California Children Services staff. Other sources of consultation may be obtained from an institution of higher learning specializing in training teachers for pupils with severe orthopedic impairments and from the State Department of Education, the State Department of Health Services, the State Department of Mental Health, and from regional centers.

When the resource specialist provides services only to pupils with severe orthopedic impairments at more than one site, the special education program administrator should anticipate a lower case load than usual because of the:

1. Need for frequent consultation time and specialized assistance from other staff members
2. Need to secure and transport equipment
3. Severity of the pupil's orthopedic impairment and the length of the pupil's response time
4. Grade-level range of the pupils
5. Time needed to train and supervise an aide or a volunteer assisting in providing the services
6. Time needed to travel to the schools when pupils are not located at one site

For certain geographically isolated pupils, the resource specialist program may be the primary option for providing services to pupils with severe orthopedic impairments. In such a case the resource specialist teacher may require frequent consultation time and specialized assistance concerning both the physical and educational needs of the pupil. The case load of the resource specialist teacher may need to be given further consideration when:

1. Pupils with severe orthopedic impairments are added to the existing case load.
2. The resource specialist must attend to pupils with orthopedic needs requiring specialized equipment or supervise the aide providing the service.
3. The resource specialist requires frequent consultation time and specialized assistance.

QUESTIONS

Is there an appropriate resource specialist program for pupils with severe orthopedic impairments?

One should look for the following:

1. Are the pupils able to progress within the achievement range of the regular class with the assistance of the resource specialist?
2. Is there a resource specialist teacher experienced in teaching pupils with severe orthopedic impairments?
3. Is the resource specialist provided time to secure any needed specialized assistance or materials?
4. Is consultation with experienced staff, including therapists, scheduled for the resource specialist who has not taught these pupils or who is geographically isolated from the multidisciplinary team?

Special Class Located on a Regular School Site

Pupils are enrolled in a special class located on a regular school site when their physical needs can be met in a site away from the medical therapy unit. A need exists for close coordination and cooperation of all the persons providing special education and related services to the pupils. It is not unusual for this class to serve pupils at different grade levels. This instruction should be provided by a teacher with a credential to teach physically handicapped pupils.

If the pupil attends classes at a regular school site, the special education teacher should:

1. Maintain close communication with the medical and therapeutic community.
2. Be able to implement activities related to therapy within the instructional program.
3. Be trained in the operation and care of specialized equipment for these pupils.

In addition, this class may serve as a resource room for those pupils with orthopedic impairments who can participate in certain academic or other school activities that are a part of the regular program. The teacher for physically handicapped pupils is responsible for seeing that the pupils have the necessary skills to experience success in the regular classroom or school activities and for providing any needed specialized materials and equipment.

Since the needs of the pupils vary within any one class, a definitive teacher-pupil ratio for special classes cannot be given. Instructional aides should be assigned to assist in materials preparation and individual instruction. However, pupils with severe orthopedic impairments sometimes require all of the aide's time just to provide for their physical care, to carry

The total school day must be carefully coordinated to carry out the daily instructional plan and to ensure that the necessary curriculum for each grade level is covered.

through with recommendations for therapy, or to set up the specialized learning equipment.

This low-incidence population of pupils has complex needs, and the staff's ability to meet these pupils' needs determines the adult ratio for each class. The special education program administrator should consider the following factors when he or she determines the adult-to-pupil ratio for the program:

1. The grouping of pupils when different subject areas are presented is important.
   a. The range of the pupils' ages within the class should be appropriate. There may be a wider diversity of functional abilities than is indicated by the pupils' chronological ages.
   b. The range of grade levels within the class should be similar. The teacher should be able to attend to all reading groups and grade-level coursework each day.
2. The physical assistance necessary for each pupil requires time and staff for setting up specialized equipment and materials, daily living assistance, and the special positioning that must occur each day.
3. The communicative response time of each pupil may differ. A pupil should be using communication devices that enable him or her to respond more rapidly. One should recognize that there may be a lag between the time the question is asked and the pupil's ability to respond.
4. The goals and objectives from the individualized education program of each pupil must be addressed, as well as the curriculum for each grade level.
5. The number of activities related to therapy carried out in the classroom for each pupil will differ. The teacher must coordinate these activities with the occupational, physical, or speech therapist.
6. The special scheduling needs for the daily instructional program affected by the related services being provided each pupil require planning.
7. Those pupils whose behavior is disruptive and who require supervision are a special concern.
8. The number of pupils who spend part of their day in regular education classes but who still require assistance from the special education teacher must be considered.

QUESTIONS

Are the pupils afforded the opportunity to attend a special day class on a regular school site?

One should look for the following:

1. Is there a special class located on a regular school site for pupils with severe orthopedic impairments?
2. Is the staff able to meet the pupils' related services needs in this educational setting?
3. Are the pupils' related services needs such that sufficient time remains in the school day for the instructional program?
4. Are the pupils encouraged to participate in regular class or in school activities as appropriate?

Special Class Located in a Special Center

Pupils are enrolled in a special class located in a special center that primarily serves pupils with orthopedic impairments when the pupils' related services needs are so extensive and interrelated with the provision of the educational program that neither can be provided unless the services are coordinated on site. Support personnel provide the school staff with ongoing consultation concerning the pupils' needs, as well as providing the services. The total school day must be carefully coordinated to carry out the daily instructional plan and to ensure that the necessary curriculum for each grade level is covered. When the pupils no longer need intensive direct service, a less restrictive educational placement may be appropriate.

The teacher for physically handicapped pupils in a special center has the same responsibility for the education of these pupils as does the teacher of a special class on a regular school site. The special center should not be isolated from the regular school site. If the center is not a part of the regular school site, the teacher and administrator should develop creative ways to provide for interactions with nonhandicapped peers. Nonhandicapped peers can provide a variety of role models on a regularly planned basis.

The special education program administrator should use the same criteria for determining the adult-to-pupil ratio as are used for the special class.

QUESTIONS

Is placement in a special class located in a special center appropriate for the pupil?

One should look for the following:

1. Are the pupils placed in a special center only when the need for physical care and related services is extensive and requires close coordination with classroom instruction?
2. Is there a plan for the interactions of special pupils with nonhandicapped peers?

Combined Educational and Vocational Placement

Because of the many physical and attitudinal obstacles the pupil must overcome, beginning experiential career planning in preparation for remunerative employment is important when he or she enters the seventh grade or reaches the comparable chronological age.

Work experience, specific skill training, or any preparation necessary for assuming a role in remunerative or nonremunerative (activity center or volunteer) placement must be included in every individualized education program for junior and senior high school students with severe orthopedic impairments. Even college-bound students need to be exposed to work exploration and/or work experience in an on-the-job placement, actually experiencing the marketplace. Attitudinal and architectual barriers are best handled in a real situation as an experience appropriate for the pupil's age and that further refines one's career choice.

The individualized education program team, with the pupil and parent actively involved, should include in the individualized education program (1) a determination of the appropriate vocational or career development program or appropriate specially designed instruction or placement; (2) selection of the appropriate placement in which the instruction is to occur; and (3) ongoing assessment of the appropriateness of the placement relative to the marketplace and the pupil's interests and skills.

The individualized education program team should recommend a vocational education program in a variety of settings as soon as enrollment in such a program is appropriate to the pupil's needs. These settings may include one or more of the following: (1) the regular vocational program; (2) the regional occupational program; (3) work experience; or (4) placement in a sheltered workshop. The school is responsible for transporting the pupil to and from the educational placement and the vocational program. The pupil should assume the responsibility for contacting and arranging for an alternative transportation system as soon as possible prior to graduation from the educational program. The individualized education program team must have scheduling flexibility when programming the combined specially designed educational instruction and vocational experience in whichever setting best meets the needs of the pupil.

QUESTIONS

Is a combined educational and vocational placement appropriate for the pupil?

One should look for the following:

1. Is the student placed in an educational and vocational setting that is appropriate for his or her age (seventh through twelfth grades)?
2. Are activities planned to expose students to skills that are likely to be necessary for employment when they have completed school?
3. Are special education teachers able to consult with employers and vocational teachers?

Hospital and Home Instruction

Many pupils with severe orthopedic impairments have prolonged absences caused by surgery or other medical treatments. Some are more susceptible to respiratory problems and other infections while others may need more time to recover from surgical procedures. Thus, there may be a need for a pupil to have a lengthy stay in the hospital, at home, or a combination of both. A pupil is placed on home instruction only by the individualized education program team. Usually, there is a supporting physician's statement of medical need.

The teacher should have a credential to teach physically handicapped pupils. If the teacher serving a pupil does not have the appropriate credential, then consultation services should be scheduled with a teacher or program specialist having the appropriate credential and experience in teaching pupils with severe orthopedic impairments.

If educational placement in a hospital or home program represents a substantial change, the individualized education program must be revised to indicate this placement change.

The assigned teacher should have daily contact with the pupil. In addition, the teacher should:

Nonpublic school placement is an option for serving pupils when program needs cannot be met within the special education local plan area or other public programs.

1. Contact the pupil's school of attendance to obtain the current individualized education program, teaching materials, and assignments.
2. Maintain communication with the responsible education staff at the pupil's school of attendance.
3. Keep the pupil moving forward in the curriculum to be covered.

The teacher has additional responsibilities when the pupil is attending a junior or senior high school. The teacher should confer with the counselor to determine:

1. Coursework that must be covered
2. Assignments that must be completed
3. Pupils' grades as of the last day of attendance
4. Hours the pupil has earned toward semester course credit in each subject
5. Responsibility for issuing credits when the coursework is completed (the home and hospital program or the pupil's school of attendance)

A written record should be kept of the previously listed determinations, and it should be filed with the pupil's individualized education program.

The special education program administrator should consider the following when determining the adult-to-pupil ratio:

1. Need for daily pupil contact
2. Geographical spread of the assignment
3. Number of grades or the diversity of learning levels to be served at any one time
4. Ability to serve any of the pupils in a group
5. Time needed to prepare for each pupil's lesson
6. Time needed for travel, given weather and traffic variations
7. Medical treatment schedules if the pupil is in the hospital
8. Need for the teachers to employ isolation or sterile techniques for certain hospitalized pupils
9. Adaptations and equipment needed for the pupil to use the instructional materials
10. Availability of an instructional aide to assist the teachers

In responding to the needs of pupils who are hospitalized or homebound, the special education program administrator has several staffing options to consider: a full-time hospital teacher and a full-time home teacher; a combination hospital and home teacher; the pupil's regular teacher, who provides tutoring at an hourly rate after school; a part-time teacher working on an hourly basis; or a teleteacher.

QUESTIONS

Is there provision for a home and hospital educational program for pupils with severe orthopedic impairments who are absent for extended periods of time?

One should look for the following:

1. Is there a district policy for determining when home and hospital service should begin?
2. Is there evidence that the teacher has contacted the pupil's school of attendance to determine assignments and obtain books and materials?
3. Do records indicating work accomplished during home and hospital confinement accompany the pupil when he or she returns to the school of attendance?
4. Does the school of attendance award credit based on the home and hospital teacher's report?
5. Does the individualized education program reflect the addition or substitution of home and hospital placement with appropriate goals and objectives?

Nonpublic School Placement

Nonpublic school placement is an option for serving pupils when program needs cannot be met within the special education local plan area or other public programs. When the pupil attends a day nonpublic school, staff from the special education local plan area must guarantee that the related services identified on the individualized education program are provided either directly or through other sources. Pupils are considered for placement in a residential nonpublic school when the multiplicity of handicapping conditions requires extensive support services and treatment and the pupil's individualized education program cannot be implemented in the public school.

QUESTIONS

Have all public education programs been considered prior to recommending placement of the pupils in a nonpublic school?

One should look for the following:

1. Is providing a district program for the pupils a priority before nonpublic school placement is considered?
2. Is documentation provided for all educational alternatives that were considered and for the reasons they were inadequate to meet the pupils' needs?
3. Are those pupils' needs that cannot be met by a public agency clearly documented?
4. Is there evidence that the nonpublic school will appropriately meet the needs of the pupils?

State Hospital Programs

Rare instances will occur when a pupil with severe orthopedic impairment needs to be in a treatment facility rather than in his or her home. When it is documented that no other residential program can provide the appropriate treatment, the pupil may be placed in a state hospital, either through a regional center or through a court order.

The pupil who resides in a state hospital has the same access to any of the educational placement options of the special education local plan area in which the hospital is located as does any other individual with exceptional needs in the community. The law requires a county or district representative to be in attendance at each individualized education program meeting to ensure that pupils have access to community programs when appropriate. Special education classes conducted by the hospital and staffed with hospital teachers must follow the state education standards. The state hospital must ensure that state hospital classes are comparable with those provided in the special education local plan area.

QUESTIONS

Is the pupil with a severe orthopedic impairment who resides in a state hospital placed in the appropriate least restrictive educational environment?

One should look for the following:

1. Was a county, district, or special education local plan area representative present at the pupil's individualized education program meeting?
2. Is there documentation of the educational alternatives that were considered?
3. Are pupils placed in community programs when the individualized education program team indicates such a need?
4. Is the program of pupils placed in a state hospital comparable with that of pupils in the community?

Infant and Preschool Programs

Congenital, early onset, or acquired orthopedic impairments may cause significant delays in one or more major aspects of the infant's or preschool pupil's development. Atypical developmental patterns create special needs that may continue throughout the infant's lifetime, requiring special education, specialized medical care, special materials and equipment, and community support.

Infant Programs (Birth to Three Years of Age)

Infant programs should be family-centered and should provide a combination of home and center-based services, depending on the needs of the family and the infant. Home programs offer highly individualized work with the infant and the family and are vital for the infant who is medically vulnerable, chronically ill, or easily overstimulated. A combination home and center program provides opportunities for interaction with infants, families, and program staff; and it offers opportunities for formal and informal parent-to-parent support that supplements and complements the staff-to-parent support.[1]

The multidisciplinary team should select one member of the team either to be the primary provider or to direct the delivery of service to the infant and family. The provider of service may be either an educator, therapist, or nurse, depending on the needs of the infant and his or her family. This staff person will incorporate the techniques and ongoing recommendations of each team member when he or she implements the infant's individualized education program.

The staff person interacts with the family and models and demonstrates developmentally appropriate activities for the infant. Play materials found in the home should be used, as well as the specialized

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[1] When an infant is in a day-care program, infant home programs may be conducted at the day-care center or in a day-care provider's home; and the term *day-care provider* may be substituted for *parent*.

Research has shown that during the early years of life, a large portion of what the infant learns will be learned in the home.

equipment and materials developed by the staff for the infant. The developmental areas for which interventions are planned include gross, fine, and perceptual motor skills; cognitive development; language and speech facility; social development; sensory activities; and self-help skills.

The family of an infant with orthopedic impairments may need services from a variety of agencies. The staff person working with the family should have a knowledge of other community resources, such as child care, community services groups, and parent organizations.

Research has shown that during the early years of life, a large portion of what the infant learns will be learned in the home. The goals and objectives for the infant cannot be accomplished unless there is a close cooperative relationship between the educational staff and the infant's family.

Parents provide a valuable support system to one another. Having an understanding person with whom to share concerns and talk over new parenting skills or activities is important.

A support system is especially important to non-English-proficient parents whose new baby has an orthopedic impairment. If the multidisciplinary team serving the infant does not have a member fluent in the parents' primary language, it is essential that an interpreter assist the team in conveying instructions, providing guidance, and making the interactions more meaningful to the parents.

In certain geographically isolated districts, the population of infants with exceptional needs is of such low incidence that it is not always possible to have a multidisciplinary team to plan the interventions or a special education teacher to provide the service. Immediate access to professional consultation from a multidisciplinary team experienced in providing services for an infant with an orthopedic impairment should be available.

Staffing needs for infant programs may vary. The special education program administrator within the consortium should consider the following when determining the teacher-to-infant ratio:

1. Developmental age and needs of the infant
2. Flexible work time to deliver the services at an optimal time for the infant and during a time when the family can be involved
3. Staff time needed to provide individual developmental activities based on each infant's needs
4. Staff time needed to plan developmental activities, to coordinate with community agencies and medical resources, and to locate or develop specialized equipment and materials
5. Geographical location of the infant's home
6. Time for travel, given weather variations
7. Transportation needs of parents and infants to center-based activities

QUESTIONS

Does the program for the infant place the family at the center of the infant's learning environment?

One should look for the following:

1. Does the program provide for:
   a. Maximum parental involvement?
   b. Training, teaching, and exchanging ideas with the parent?
   c. Services in the home as much as possible?
2. Are appropriate toys, materials, and adaptive equipment available for the infant and parents when needed?
3. Are there opportunities for center-based group experiences for infants approaching three years of age?

Are the parents actively involved in the program for their infant?

One should look for the following:

1. Are parents encouraged to participate in the program?
2. Does the program stress that parents are the infant's first and most appropriate teachers?
3. Are parents included in the activities when services from the center are provided?

Preschool Program (Three Years of Age to Four Years, Nine Months)

When the infant matures and is enrolled in a preschool program, the parents, educational staff, and staff providing therapy are able to plan daily activities facilitating the pupils' physical and cognitive growth and development. Opportunities for the pupils to interact with their peers are also provided. Most pupils will need assistance in positioning, locomotion, feeding, dressing, and other daily living skills. For many pupils proper positioning may be a prerequisite for learning. Consideration needs to be given to the pupils' stamina and endurance when the length of the school day is determined.

Enrolling the preschool pupil with severe orthopedic impairment in a preschool program for nonhandicapped peers is desirable. Often, however, the pupil's physical needs are of such intensity that the services are more efficiently and effectively provided through special class placement at a facility having both a medical therapy unit and the appropriate educational staff. Having the staff at a central location is important when one is trying to maximize the use of school time while keeping the pupil's separation from the parent to a minimum.

In certain geographically isolated districts, the population of preschool pupils with exceptional needs is of such low incidence that it is not always possible to have a multidisciplinary team plan the interventions or a credentialed teacher of physically handicapped pupils to provide the services. The pupil may be placed in a head start, early childhood, parent cooperative, or other preschool program. The preschool teacher should have immediate access to consultation with personnel experienced in serving orthopedically impaired pupils.

The non-English-proficient parents will need additional assistance in understanding the function of the individualized education program team and some or all of the aspects of assessment, educational planning, instruction, and the follow-up activities to be performed in the home.

If the program is located at a special center away from nonhandicapped peers, time must be routinely scheduled to provide for such interaction. Various alternatives that may be considered are:

1. Enrolling the pupil in a head start, early childhood, or private preschool program for a portion of the school day or week
2. Scheduling the head start, early childhood, or private preschool program at the special center's classroom two or three times a week
3. Allowing nonhandicapped peers to attend the special class preschool program
4. Involving the special class preschool program with a parent cooperative preschool program

The special education program administrator should consider the following when determining the adult-to-pupil ratio of the preschool class:

1. The developmental age and the needs of the preschool pupils
2. The staff time needed to plan the goals and objectives of each pupil, coordinate with community agencies and medical resources, and locate or develop specialized equipment and materials
3. The activities to continue the pupil's therapeutic program that need to be provided in the classroom

QUESTIONS

Does the preschool program provide a coordinated program for education and therapy involving the parents and the staff?

One should look for the following:

1. Is the school day flexible enough to meet the pupil's health needs and to keep the pupil's separation from the parent to a minimum?
2. Is there opportunity for the pupil's interaction with nonhandicapped peers?
3. Is there evidence of close coordination among the parent and educational staff and staff providing therapy in planning daily activities?
4. Are appropriate materials and adaptive equipment available when needed?
5. Is there a variety of parental activities that facilitate close home-to-school contact?

Staff for Pupils

The staff members from a public education agency who work with pupils having severe orthopedic impairments must have the appropriate credential or California license authorizing the provision of these services. Staff working in a nonpublic school which has a contract to provide special education and related services must also have the appropriate credential or California license authorizing the provision of service. The nonpublic school or agency must be certified by the California State Department of Education. Individuals who provide related services must be employed by a certified nonpublic school or agency or be certified as a nonpublic agency.

The special education teacher should keep current with the latest technological advances, specialized equipment, and special materials that aid the learning process of the pupils.

Although staff members may have the proper credentials or licenses to provide services to pupils with severe orthopedic impairments, variations exist in the staff members' responsibilities to the pupil or program and in the additional skills needed. Staff members who are new to their profession, new to serving pupils with severe orthopedic impairments, or living in geographically isolated regions need to have access to consultation with and support from experienced professionals and from the multidisciplinary teams providing the services to the pupils. Experienced teachers may need to update their skills and knowledge.

Different kinds of professionals and paraprofessionals are needed to provide a total educational program for pupils with severe orthopedic impairments and to implement the pupils' individualized education programs. Each person has a responsibility for informing selected professionals or paraprofessionals of specific ways in which carry-over training and practice can be accomplished by parents and other team members in varying situations.

Professionals and paraprofessionals perform specific functions for pupils with severe orthopedic impairments. The paragraphs that follow contain a description of some of the professional service staff and their functions.

Special Education Program Administrators

The special education program administrators within the special education local plan area must coordinate their efforts to ensure that the range of program options is equally available to the pupil with a severe orthopedic impairment as to any other individual with exceptional needs.

Since these pupils are members of a low-incidence population, the programs may serve pupils with severe orthopedic impairments living in one or more districts or special education local plan areas. Those who develop the local plan should be aware of issues that relate specifically to programs serving pupils with severe orthopedic impairments.

The regionalized child-find efforts should be linked with the regional center, California Children Services, and local medical units serving the areas in which the pupils reside. The local plan should designate who will develop the local interagency agreement with those agencies providing services to these pupils. The liaison persons between the agencies should be identified. Those who are planning the regional staff development should address the special needs of the regular and special staff and parents.

The staff serving the program may be employed by the office of the county superintendent of schools, or by a local school district. Or, the staff members may be assigned by a special education local plan area. The local plan should specify who has decision-making authority for the program, as well as who will supervise and evaluate the staff. Responsibility should be assigned for review and improvement of the program in meeting the needs of the pupil. The staff should know who will provide assistance to them or who will be able to authorize the use of a new technique or a new delivery model.

The local plan should indicate which course of study and the proficiency standards the pupils will use. The plan should state which high school or unified school district will issue diplomas to the pupils.

The local plan should define the process to be used when the medical therapy unit and the sites of the educational programs are being located. This process should indicate who has the appropriate fiscal responsibility for any remodeling or rental fees when a medical therapy unit or program has to be relocated.

Those who are planning the location of the educational programs should give special consideration to:

1. Accessibility of the programs to the low-incidence population
2. Accessibility of the facility and specific classrooms to the pupil who may be using specialized equipment
3. The variety of services that are provided to the pupil by other agencies
4. The variety of specialized materials and equipment required by the pupil
5. The use of regular school programs to provide the needed services, especially at the secondary level

Site Administrator

When one or more pupils with a severe orthopedic impairment is enrolled in a program on a regular school site, the site administrator may have additional responsibilities specific to the program, such as:

1. Serving on the individualized education program team or appointing a designee to do so
2. Promoting the concept of least restrictive environment and a positive, accepting attitude toward the handicapped
3. Ensuring that the staff has in-service training concerning the pupil's orthopedic impairment, needs, and treatment
4. Ensuring that regular classroom teachers receive information concerning the pupil's instructional or physical needs
5. Overseeing the arrangement for the pupil's transportation to and from school
6. Coordinating services with other agencies
7. Supervising and evaluating the staff, if these responsibilities are designated in the local plan

Special Education Teacher

The teacher of an itinerant program or special class for pupils with severe orthopedic impairments must hold the Specialist Instruction Credential—Physically Handicapped or a comparable credential issued earlier. When teaching these pupils, the teacher becomes a member of a multidisciplinary team composed of professionals from the medical field as well as from other service agencies. The teacher may be a contributing participant in the California Children Services Medical Therapy Conference, which is held to evaluate the medical progress of the pupils and to determine their ongoing needs for therapy.

The special class teacher is expected to have the teaching ability and competency to plan and execute the details of the quality education program as described in this document. As such, he or she will be expected to:

1. Coordinate the delivery of related services to ensure that each pupil's individualized education program is being implemented.
2. Coordinate the pupil's curriculum in relation to local board-adopted courses of study and proficiency standards for graduation.
3. Ensure the continuity and sequence of the curriculum.
4. Organize classroom learning and activities so that all pupils in the class can study or engage in educational activities, regardless of their physical impairment.
5. Facilitate the integration of each pupil into the regular class.
6. Know the unique learning problems commonly manifested by pupils with specific impairments, such as head trauma or cerebral palsy.
7. Adapt curriculum into small sequential instructional steps.
8. Adapt and carry out testing and evaluation procedures in a manner that allows a pupil to demonstrate learning.
9. Provide the programs for mobility, independent living skills, and career and vocational experience (including actual on-the-job experience) when there is no specialized staff available to do so.
10. Teach wheelchair use and safety to regular teachers and pupils.
11. Incorporate the pupil's specialized equipment during the total school day for drill and practice.
12. Counsel the parents about their child's problems related to education.

The special education teacher should keep current with the latest technological advances, specialized equipment, and special materials that aid the learning process of the pupils. Often, the teacher constructs or adapts apparatus or materials to accommodate the pupils' orthopedic impairment. To do this, the special education teacher needs to:

1. Make practical recommendations to specialists in rehabilitation engineering about what is needed for pupils to use the equipment effectively.
2. Be knowledgeable concerning the scope of available devices that activate equipment or perform specific functions.
3. Teach basic thinking and motor skills prerequisite to pupils' use of technological aids.
4. Use existing specialized interfaces or make physical adaptations to microcomputer hardware so that software packages can be used by pupils.
5. Be able to use the equipment that the pupils use.
6. Use, when necessary, appropriate computer-assisted instruction in daily learning activities.

The special education teacher works closely with the language, speech, and hearing specialist to provide maximum classroom reinforcement of communication goals and objectives.

The teacher is expected to understand the medical and educational implications of each pupil's orthopedic impairment. Related activities may include:

1. Understanding medical technology for therapy as it applies to educational activities in the classroom
2. Managing and reporting a pupil's medical or physical crises
3. Managing a pupil's seizures
4. Knowing the proper use of special equipment needed to provide for the specialized health needs of the pupil
5. Knowing the approved procedures for providing any specialized health service to orthopedically impaired pupils in the classrooms, even though the teacher does not provide the service
6. Explaining the orthopedic impairments and their implication to regular teachers and nonhandicapped pupils
7. Providing in-service training to other teachers and nonhandicapped pupils, including direct simulation activities, to further their understanding and acceptance of orthopedically impaired pupils
8. Integrating the recommendations of other professionals, including therapists and nurses, into the pupils' daily educational programs
9. Demonstrating lifting and transfer techniques for pupils with different orthopedic impairments
10. Demonstrating uses of rehabilitative equipment to regular classroom teachers, when therapists are unavailable
11. Keeping informed about services provided within the community by public or private agencies

Many of the pupils with severe orthopedic impairment also have severe communication problems. Although the pupils may be receiving special support services from the language, speech, and hearing specialist, the special education teacher is the one who provides the daily setting for the development and practice of this skill. Therefore, the special education teacher needs to:

1. Work closely with the language, speech, and hearing specialist to provide maximum classroom reinforcement of communication goals and objectives.
2. Facilitate language acquisition and build the pupils' vocabulary.
3. Provide training in vocabulary building, sentence structure, understanding of tenses, and so forth for pupils who cannot readily produce speech.
4. Program specialized vocabulary into the pupils' augmented communication systems.
5. Provide knowledgeable recommendations for those selecting the augmented communication system for pupils to use.

The special education teacher will need to interact with parents and pupils in activities that are closely related to home life, such as:

1. Working with parents to assist them in managing their child's adolescence, terminal illness, vocational options, and lifelong planning
2. Building the skills of pupils to enable them to take responsibility for their self-care, transportation, and vocational options
3. Conferring with parents and pupils about sexuality, genetic transmission, and impending death

Program Specialist

It is desirable that the program specialist for pupils with severe orthopedic impairments have a credential to teach physically handicapped pupils in addition to classroom experience. The program specialist must understand the various orthopedic impairments and the educational implications of each impairment to assist teachers and to monitor program effectiveness and compliance. The program specialist may be expected to work with an expanded staff, which often includes medical staff from other agencies. This situation will require the program specialist to know the terminology of other agencies and which agencies provide specific services to these pupils.

To provide technical assistance and in-service training to the staff and be involved in curriculum and program planning, the program specialist must be current with the technological advances that enhance the pupils' learning capabilities, and be able to assist in the adaptation of curriculum, activities, and equipment. Program specialists perform an important service in coordinating levels of service and locating program options as pupils advance in age and their needs change. Parents often look for assistance in finding services for the pupils or themselves. Therefore, the program specialist will need to be aware of services that can be provided within the community and throughout the state. Assessments, observations, and consultations with administrators, special and regular teachers, vocational rehabilitation specialists, and parents are part of program specialist's responsibilities.

Resource Specialist

It is desirable that the resource specialist have a Specialist Instruction Credential—Physically Handicapped as well as a Resource Specialist Certificate of Competence. The resource specialist needs to know the educational, social, physical, vocational, and psychological implications of each pupil's orthopedic impairment. The resource specialist must be skilled in working with a multidisciplinary team, including professionals from other agencies providing services to the pupil.The resource specialist will need to construct or adapt equipment, know how to use and care for the specialized equipment used by the pupil, and know where to seek help for major adjustments to the program and equipment.

Instructional Aide

The instructional aide who assists the special class teacher with the care and management of pupils with severe orthopedic impairments needs to have or to develop special skills in addition to being competent in the fundamentals of mathematics, spelling, and composition.

The aide will need to assist others with a variety of personal care duties that enable pupils to function in school, such as helping them cope with minor architectural barriers, special bathroom needs, assistance with eating, and other personal care needs; assisting them to and from the bus; preparing specialized equipment for their use; and carrying out activities assigned by a therapist or a credentialed teacher. Aides must know how to manage pupils physically without injuring them or themselves.

Regular Teacher

A regular education teacher who has pupils with a severe orthopedic impairment should receive extensive in-service training prior to the pupils' placement in the classroom, as well as continued assistance throughout the school year. The regular teacher needs to consider the following:

1. Setting an accepting attitude for the class
2. Selecting friends or peer partners, on a rotating basis, to provide for minimal assistance
3. Minimizing spatial barriers in the classroom to facilitate ambulation
4. Being available to confer with special teachers and therapists
5. Observing and reporting to team members pupils' reactions to medications, therapy, and equipment modifications
6. Accommodating for fatigue and slow response time for selected pupils by adjusting assignments
7. Allowing the pupils to use different modes for receiving information and responding
8. Requiring the same behavior standards for all pupils in the class, including those with severe orthopedic impairments

Adapted Physical Education Specialist

The credentialed teacher of adapted physical education must know the physical implications of each pupil's orthopedic impairment. This situation is true whether the teacher is conducting a specially designed or adapted physical education class or is serving as a consultant to teachers of pupils with orthopedic impairments. When the pupils are receiving physical therapy and/or occupational therapy, the adapted physical education specialist works with the appropriate therapist to plan physical activities for the pupils and to adapt or develop special equipment for them to use. The adapted physical education specialist demonstrates uses of special activities, rules, or adapted or specialized equipment to users, classmates, and classroom teachers. Special assistance may be provided for those pupils who plan to participate in the special events.

Infant or Preschool Pupil Service Provider

Preferably, the person providing services to an infant or a preschool pupil with a severe orthopedic impairment should have a credential to teach physically handicapped pupils and a background in child growth and development. In geographically isolated areas, a teacher with the appropriate background is

Parents and pupils are important members of the multidisciplinary team and, as such, contribute greatly to the total school program.

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not always available. In this instance the teacher needs a strong background in child growth and development and must be aware of how varying orthopedic impairments alter normal growth patterns.

The teacher will have to work closely with physical, occupational, and speech therapists when planning each infant's or preschool pupil's intervention. The teacher also must maintain liaison with medical, nursing, and other community organizations providing services to the infant or preschool pupil and to the family. The teacher will need to (1) be creative in adapting materials found in the home to the infant's or preschool pupil's needs; (2) act as a role model for the parents in the home setting; (3) be skilled in observation and recording of behavior; and (4) be able to plan in-service training that is responsive to a parent's needs.

School Nurse

The school nurse assigned to programs serving pupils with severe orthopedic impairments obtains a child's profile that delineates his or her developmental history and past and current health status, collects and records information on the condition and treatment of the pupils, and provides information that assists parents in obtaining any needed medical services. When an infant is enrolled in the program, the nurse assesses the infant's developmental level, daily living pattern, physical and nutritional status, and the family's life-style.

The nurse assists the individualized education program team in interpreting the pupil's records and reports from private practitioners and/or community agencies and in explaining the educational implications of the medical information and current health status of the pupil. The nurse may conduct nursing assessments of the pupil's health status, utilizing the school nurse practitioners' examination if indicated.

Since pupils with severe orthopedic impairments often have complex health problems, the school nurse may provide or supervise the provision of specialized health care procedures required during the school day. In addition, the nurse serves as a resource person to teachers, parents, and other program staff, as well as maintaining liaison with medical, nursing, and other service providers in the community. The nurse also serves as a resource in obtaining equipment for use by these pupils.

The nurse may be expected to give short in-service training to the school staff concerning each pupil's medical status, especially when the pupil is new to the school. The school nurse may also conduct parent education meetings relative to expressed needs by parents and staff.

The nurse participates in community conferences, professional workshops, organizations, and school staff in-service sessions to enhance the right of the exceptional individual to function in the least restrictive environment.

Language, Speech, and Hearing Specialist

The language, speech, and hearing specialist serving pupils with severe orthopedic impairments needs a strong background in the production of speech, the acquisition and use of language, and the interrelationships of the neuromuscular impairment systems in the production of speech. The specialist needs to be cognizant of the neurological aspects of communication disorders and how these differ from the usual disorders, such as stuttering, voice problems, articulation, and so forth. The pupils' problems may range from a complete lack of speech to inadequate use of the speech musculature for basic life functions. The specialist should be prepared to work with the multidisciplinary team to facilitate basic life functions, such as breathing, sucking, swallowing, and chewing; to facilitate the development of language; to develop augmented modes of communication and to assist in making them functional. Special knowledge in the use and adaptation of electronic communication devices is necessary.

Besides providing therapy to the pupils, the language, speech, and hearing specialist consults with the teacher concerning the carry-over of speech therapy activities during the school day; consults with the parents, when appropriate, to encourage carry-over activities in the home; makes recommendations to the individualized education program team; assists in any specialized feeding program; and adapts materials and equipment to the pupils' needs.

Occupational and Physical Therapists

In addition to providing therapy for individual pupils in the school setting, the occupational therapist and physical therapist consult with the teacher concerning the carry-over of activities for therapy during the school day, proper positioning of the pupil, adapting materials and equipment to the pupil's needs (including those adaptations necessary for safe positioning during transportation), and making recommendations to the individualized education program team. The therapists' treatment plan, including goals and objectives, may be appended to the pupil's individualized education program. Most often, the therapists develop a home program for the parents to follow.

School Psychologist

The credentialed school psychologist, when serving pupils with severe orthopedic impairments, needs to be familiar with (1) the effects of the severe orthopedic impairment on a pupil's total development; (2) the various methods of establishing a functional form of communication with the pupil; (3) ways of adapting the test-taking procedure; and (4) skills in interpreting the results and implications of the assessments to parents and teachers, taking into account the pupil's impairment and any modification of the test or testing procedure.

The psychologist may assist the teacher in planning group discussions on identified psychosocial needs and, if time permits, conduct some of the discussions. The psychologist is often asked to work with both parents and staff regarding a pupil's concerns. Together they may define problem areas and develop constructive solutions and strategies.

Career/Vocational Specialist

The career/vocational specialist will need to become familiar with the vocational and physical implications of each pupil's orthopedic impairment. To plan for each pupil's optimal vocational development, the career/vocational specialist must:

1. Be aware of the unique physical and intellectual talents and deficits of each pupil.
2. Recommend a prevocational program for the pupil.
3. Assist the pupil to recognize the place and value of volunteer work.
4. Advise regular and special teachers of current skills needed in the world of work.
5. Act as a liaison between the local school and business community.
6. Assist in adapting equipment and environment in regular vocational education classes on and off campus.
7. Demonstrate to future employers the positive qualities of the orthopedically impaired pupil.
8. Evaluate work sites in regard to their architectural accessibility.
9. Coordinate with the vocational rehabilitation counselor for continuance of service after the pupil's graduation.
10. Assist in writing the career component of the individualized education program.

QUESTIONS

Is the district, county, or special education local plan area able to provide the special education and related services indicated on each pupil's individualized education program?

One should look for the following:

1. Are the specialized needs of pupils with severe orthopedic impairments met within the region?
2. Is the staff providing the special education and related services appropriately credentialed or licensed?
3. Is the staff experienced in working with pupils with severe orthopedic impairments?
4. Are staff members who work in geographically isolated areas and who are new to their profession or to working with pupils with severe orthopedic impairments able to confer with experienced professionals and the multidisciplinary team providing services to the pupils?
5. Are staff members working with agencies and with public and private employers able to facilitate the pupils' transition from school to work after graduation?

Parents' and Pupils' Support for the Program

Parents and pupils are important members of the multidisciplinary team and, as such, contribute greatly to the total school program. Parents are involved in all of the educational decisions regarding their child. In addition, they:

1. Provide background information concerning the effects of their child's orthopedic impair-

ment on his or her development and interaction with the family and community.

2. Counsel the staff regarding any specialized equipment used by their child.
3. Give insight concerning their child's total needs.
4. Act as advocates for their child in school matters until the child can assume his or her own advocacy.

Parents are key members of the multidisciplinary team, and in supporting the program, they do the following:

1. Perform carry-over activities for therapy at home.
2. Maintain their child's daily health and hygiene.
3. Promote regular school attendance.
4. Help their child to have a good emotional attitude about his or her impairment and enable the school staff and others to do the same.
5. Maintain ongoing school and home communication, especially regarding changes in their child's health status or behavior.
6. Support their child's educational and vocational efforts.

Pupils, when appropriate, but especially at the junior and senior high school levels, should actively participate in the planning of their school program. The pupils should plan their recommendations prior to the conference with the individualized education program team or the medical therapy personnel. The pupils may want to prepare a typed statement for the team, especially those using augmented communication systems. The pupils should be prepared to:

1. Become involved in the decision-making process; e.g., discuss reasons for trying another means of mobility, another communication system, or learning approach.
2. Make commitments affecting their school program; e.g., try to audit a regular class, take a different subject, or enroll in an easier class.
3. Accept responsibility for their actions; e.g., complete assignments, seek new friends and activities, or be on time for activities.
4. Suggest ways problems can be handled; e.g., how to cope with architectural barriers or how to adapt materials and equipment.
5. Ask for and give instructions to others when assistance is needed.
6. Make long-range decisions affecting their lives; e.g., set goals for themselves, learn a different vocation, or try an on-the-job experience.

QUESTIONS

Are parents and pupils active members of the multidisciplinary team?

One should look for the following:

1. Do the parents and pupils, when appropriate, attend the individualized education program team meetings?
2. Are parents and pupils given equal status for making recommendations and discussing information leading to decision making at these meetings?

Special Considerations

Pupils with severe orthopedic impairments require a number of special considerations. These include various medications, specialized physical care, emergency procedures, behaviorial management, equipment resources, available transportation, agency coordination, accessible facilities, and program improvement.

Specialized Medications

Pupils with severe orthopedic impairments often have prescribed various kinds of medication for muscle relaxation, seizure control, urinary tract infections, bowel and bladder control, skin care, analgesics for pain, anti-inflammatory agents, antipyretics for reducing fever, and anti-infectious agents for continuing health care. Parents of a pupil on a continuing medication regimen for a nonepisodic condition should be advised to inform the school nurse or other designated certificated school employee of the medication being taken, current dosage, and the name of the supervising physician. With a parent's written consent, school staff may communicate with the physician and may counsel other school personnel regarding the possible effects of the medication on the pupil's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. If medica-

Pupils, when appropriate, but especially at the junior and senior high school levels, should actively participate in the planning of their school program.

tion has to be administered during the school day, the parents must sign a written statement requesting that the school staff assist the pupil in taking the medication. This request must be accompanied by a statement, signed by the attending physician, indicating the type, method, and amount of medication to be taken and the time and conditions under which the medication is given. Any emergency that could develop should be indicated, along with the procedures that must be followed if the emergency should occur.

The parent must provide the medication to the school in a container clearly marked with (1) the name of the pupil; (2) the name of the prescribing physician; (3) the identification number or name of the medication; (4) the name of the pharmacy that dispensed the medication; and (5) the amount of medication to be taken at a specific time and/or the specific situation during which medication is to be taken.

Either the school nurse or a staff person delegated by the principal may administer the medication, with the exception of medication by injection, which may be given only by a credentialed school nurse or a physician. A daily record, which must be maintained of the medication given, should include the time when the medication was given, the name of the person administering the dosage, and any unusual reactions the pupil experienced, including effects on learning behavior. The medication must be stored in facilities inaccessible to unauthorized staff or pupils.

QUESTIONS

Does the school have a procedure for the administration of medication to pupils?

One should look for the following:

1. Are parents' written requests, accompanied by the physician's order, filed in a location that is easily accessible to authorized staff?
2. Is a medication log maintained to record each time medication is given to a pupil?
3. Is the medication secured so that it is inaccessible to unauthorized staff and pupils?
4. Are emergency procedures complete and filed in a location that is easily accessible to all staff and near a telephone?
5. Is there a procedure that provides for administration of the medication when the normally designated person is absent from work?

Specialized Physical Health Care Needs

Pupils with severe orthopedic impairments may have additional specialized physical health care needs, such as catheterization, gavage feeding, suctioning, Credé's maneuver, ostomy care, tracheotomy care, postural drainage, or other services that require medically related learning.

If the specialized physical health care services are to be given during the school day, the parent must file a written statement requesting the school to do so.[2] Before the school can implement such a request, the parent must obtain from the attending physician a report that includes information about the pupil's physical condition requiring that the procedure be performed, a description of and a time schedule for administering the procedure, the staff person recommended to provide the service, procedures for handling any crisis that might develop, and the time period covered by the report.

A qualified school nurse, qualified public health nurse, and/or licensed physician must be available for supervision of the specialized physical health care services and the daily documentation records. The district is not required to purchase the medical equipment needed to provide these services.

QUESTIONS

Are specialized physical health care services provided when necessary?

One should look for the following:

1. Are qualified designated school personnel trained in the administration of specialized physical services under the supervision of a school nurse, public health nurse, or licensed physician and surgeon?
2. Is there a procedure for filing the parents' written request and the report from the attending physician and surgeon who identifies the specific standarized procedures to be used in the physical health care services?
3. Is daily documentation of specific services that are provided maintained, including the signature of the qualified designated school person who performs the procedure?

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[2] Refer to *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Students.* Sacramento: California State Department of Education, 1980, and 1982 and 1983 revisions.

4. Are appropriate accommodations for safety and personal privacy and dignity ensured?
5. Do the designated personnel maintain current cardiopulmonary resuscitation certification?
6. Is the standardized procedure for specialized physical health care services reviewed, revised, and monitored on a routine basis?

Emergency Procedures

Pupils with orthopedic impairments need to be prepared for emergencies and taught to respond to them calmly. The pupils must be given instruction and practice in responding to and providing directions for assistance in emergencies, such as fire drills, bus evacuation drills, earthquakes, and specialized equipment breakdown, and any other type of emergency that might be encountered during their day. A pupil should carry an identification card or bracelet and, if appropriate, medical information needed when he or she is in an emergency situation.

The staff, too, must be prepared to handle any pupil emergency that might arise. Because many of the pupils have unusual specialized health needs, it is important to know what pupil-related crises might develop and the exact procedure to follow if they occur. All school staff members need to be thoroughly informed and trained in the necessary emergency procedures. In addition, the staff must be kept informed of any changes that have occurred in any of the pupils' specialized health needs.

One should take extra precautions when preparing for emergencies, such as identifying the paramedic unit or hospital located near the school and at various points along each bus route. When a high-risk pupil is enrolled, the paramedic unit or the hospital staff should be informed about the pupil's condition in case any problem should arise. More than one member of the staff should have current cardiopulmonary resuscitation certification.

QUESTIONS

Are the pupils and staff prepared for emergency situations?

One should look for the following:

1. Have the pupils been given instruction and practice in:
   a. Fire drills?
   b. Bus evacuation drills?
   c. Specialized equipment breakdown?
   d. Other emergency drills, such as earthquakes, floods, and so forth?
2. Have the school staff members prepared a contingency plan for:
   a. Sufficient physical assistance to take an individual pupil or class upstairs or downstairs when elevators cannot be used because of an emergency or when the planned exit route is blocked?
   b. Emergencies requiring closing of the school and pupils returning home early?
   c. Care of pupils when the school has been ordered closed and the pupils cannot be returned home?
3. Are the staff members aware of which pupils have the potential for a health-related crisis and the procedures to follow?
4. Are the staff members knowledgeable concerning the location of emergency services?

Behavioral Management

Some of the pupils will need assistance to acquire behavior that will help them to integrate successfully into the school's and community's social structure. Often, the severe orthopedic impairment physically limits the pupil's ability to move about the community and to interact with persons other than the immediate family without assistance. The impairment contributes greatly to the dependency of the pupil. In addition, the pupil may have been hospitalized many times undergoing medical tests or operations, or facing life-threatening situations. Sometimes a long period of convalescence is necessary. In these situations the pupil becomes the center of attention, and his or her needs are generally promptly provided. Because of medications or neurological impairments, the pupil's behavior may be erratic or problematic. The emotional appeal of the severe orthopedic impairment often causes people to be too solicitous of the pupil, attempting to avoid any conflict situation.

Plans for eliminating significantly socially unacceptable behavior should be developed by the individualized education program team and included in the pupil's individualized education program. The team

Pupils with orthopedic impairments need to be prepared for emergencies and taught to respond to them calmly.

should consider the overall effects of the intervention on the pupil's total program, especially if the pupil is receiving speech therapy, occupational therapy, physical therapy, or counseling. Acceptable behavioral interventions include classroom discussions centered around appropriate behavior, modeling appropriate behavior by role-playing situations encountered in the community, learning appropriate responses to cues in social situations and structured plans for behavioral management.

QUESTIONS

Does the classroom management employed by the teacher indicate a positive attitude toward growth in the pupil's self-management?

One should look for the following:

1. Is there a positive atmosphere in the classroom?
2. Did a limited sampling indicate an understanding of the behavioral management used in the classroom by:
    a. The school site administrator?
    b. School site staff?
    c. Parents?
    d. Pupils?
3. Are there limited instances when disciplinary action is taken?
4. Did the teacher solicit outside consultation to revise or develop a pupil's behavioral management plan (when appropriate)?
5. Was the behavioral management plan included in the pupil's individualized education program?

Equipment Resources

Staff members from the district, county, or special education local plan area are responsible for providing, maintaining, and replacing the regular and specialized equipment used by teachers and other educational staff. The district, county, or special education local plan area also provides, maintains, and replaces the program equipment used by the California Children Services' therapists and physicians. Since much of the equipment used for both education and therapy is quite expensive, requests for equipment should be coordinated and submitted in the order of priority. The combined staff should maintain a current list of desired equipment. The Clearinghouse Depository for Handicapped Students of the California State Department of Education is a resource for locating and obtaining specialized equipment.

The pupil's need for specialized equipment must be included on the individualized education program; however, the reference to the specialized equipment should indicate the function of the needed equipment, without indicating a commercial preference. The school district is responsible for providing the specialized district-owned equipment that is needed to implement the pupil's individualized education program.

The California Children Services maintains a basic equipment list for medical therapy units and will assist the school staff when providing equipment. In addition, the district, county, or special education local plan area provides the medical therapy unit with consumable supplies that support the educational program. These supplies include items needed for daily living skills training, vocational exploration, pupil projects, materials used for remodeling or repairing special equipment, and developmental and adapting devices. The therapists assist school staff in designing equipment, such as special tables, slant boards, and bookholders; or in adapting chairs, toilets, eating utensils, and teacher-constructed basic communication aids.

The Department of Health Services provides and maintains equipment for the sole use of the pupil, as prescribed by a physician, in accordance with California Children Services program standards. This agency also provides clerical assistance, the supplies used for maintaining the pupil's medical therapy records, and any telephones housed for the sole use of the medical therapy unit.

QUESTIONS

Is the specialized equipment available to implement the pupil's individualized education program?

One should look for the following:

1. Is the needed specialized equipment identified in the pupil's individualized education program?
2. Is the specialized equipment available to the staff and pupil?
3. Is the specialized equipment maintained and kept in operating condition?
4. Is there a procedure for the pupil to use the specialized equipment, both in education and therapy, when appropriate?

5. Is a desired equipment list, with its priorities, maintained and kept current?

Available Transportation

The pupils' mobility in society is of paramount importance for developing self-help skills and independence. Therefore, provision of transportation is recognized as an important aspect of the pupils' total educational day. The means of providing transportation vary from specially equipped buses or regular school buses to different forms of public transportation. Special equipment for transporting orthopedically handicapped pupils may include special seat belts, harnesses, wheelchair tie-downs, hydraulic lifts or ramps, infant-style restraints or car seats, and space to store and transport walkers, canes, crutches, and adapted chairs. Buses transporting pupils with severe orthopedic impairments should be equipped with two-way communication.

A pupil with an orthopedic impairment may be provided transportation from door to door or from a pickup station and back. If the pupil's individualized education program has a goal statement concerning developing independence in mobility, a way to implement this goal may be to use a taxi, a dial-a-ride system, or other public transportation, providing these are free to the pupil. The pupil may walk to school, providing the individualized education program team has determined this mode to be feasible and appropriate to his or her needs.

The bus driver's main purpose is to transport pupils to and from school safely, taking into consideration a potential crisis that a pupil might have. A bus driver should know specific procedures to follow when the pupil has a health-related crisis; the location of the nearest paramedic unit or hospital to the specific bus route; procedures for handling the pupil without hurting him or her; and action to take in case of other emergencies. Sometimes the parent must send the pupil's medication on the bus. Care must be taken to have the medication transported safely to school without the possibility of unauthorized persons having access to it or the medication being given to the wrong pupil.

Bus routes should be scheduled so the pupil spends a minimum amount of time on the bus. The length of the bus ride should not cause the pupil discomfort, nor should the ride further aggravate the pupil's medical condition. The school staff should keep the transportation unit informed about any change in the pupil's physical condition or behavior that may affect the pupil while he or she is on the bus.

The school should inform the parents of their responsibilities in helping their child be ready for the bus. Staff and parents should be kept informed of any changes in routing or in the time schedule.

The interaction between the bus driver and the pupils affects the behavior of the pupils for the entire day. The bus ride can be pleasant, or it can be frustrating. The driver should be careful about such routine matters as assigning a seat or seatmates, enforcing the use of safety equipment, and disciplining the pupils.[3]

QUESTIONS

Is there coordination and cooperation between the special education department and the transportation department?

One should look for the following:

1. Is there a procedure to provide to the transportation department necessary information about the pupil in a timely manner?
2. Is there a procedure for keeping the school staff informed of any changes in routes, passenger lists, and time schedules?
3. Are there policies regarding transportation and criteria used to determine the mode of service appropriate for the pupil?
4. Are there policies and procedures to transport the pupil's medication to school in a safe manner, if necessary?
5. Does the transportation unit coordinate agreement between school staff and bus drivers regarding proper riding conduct and school bus evacuation drills?
6. Are appropriate resources provided when a pupil with a life-support system rides on the bus?
7. Do the relief drivers review pupils' medical information before starting the route?
8. Does the transportation unit identify emergency facilities for each route?

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[3] The reader may find the State Department of Education's publication entitled *Manual of First-Aid Practices for School Bus Drivers* (1983) helpful for those who have responsibility for the transportation of pupils.

The pupils' mobility in society is of paramount importance for developing self-help skills and independence.

Is there a program designed to enable pupils to learn to use public transportation?

One should look for the following:

1. Is the transportation need indicated on each pupil's individualized education program?
2. Are pupils taught to use various types of public and private transportation?
3. Are parents aware of the need for using identification tags for pupils having the potential for a medical crisis?

Is the transportation unit providing for pupils' safety?

One should look for the following:

1. Are each pupil's needs for safety and health considered for the bus route?
2. Does the transportation unit receive relevant data and necessary updates in a usable form regarding the medical complications of more severely involved pupils?
3. Is there a procedure for training at least one pupil on each bus to assist the driver in times of emergency when appropriate?

Is there coordination between the driver and the school staff?

One should look for the following:

1. Is there a procedure for the exchange of relevant information between the bus drivers and the school staff, especially concerning any changes in the medical aspect of a pupil's condition?
2. Is there a procedure for maintaining consistency in the handling of pupils' behavior?

Agency Coordination

Programs for pupils with severe orthopedic impairments can be improved through the use of and by coordination with other available services, such as state agencies and community resources. These organizations can provide services, ranging from the use of resource people to meet special needs to the provision of financial assistance, enabling these pupils to have varied opportunities.

State agencies. Because pupils with orthopedic handicaps have complex needs, many different federal and state programs are involved in caring for them. Services are mandated for handicapped children in two ways: (1) on a functional basis (e.g., mental health, youth authority, education, regional centers, and social services); and (2) on a categorical basis (e.g., physically handicapped, emotionally disturbed, blind, deaf, or mentally retarded). Service eligibility criteria among state and federal agencies often differ and may be based on the child's age, medical need, family income, severity of handicapping condition, and other requirements that may be unique to each agency. Adding to the complexity of the problem, California's educational delivery system avoids the use of categorical labels, except for federal reporting purposes. As a consequence, local educational agencies provide services according to the identified educational needs of each pupil.

Through PL 94-142 the federal government made the state educational agency responsible for the coordination of education and related services provided by other state agencies. State laws were passed with the intent to maximize the use of federal and state funds and also to define each agency's roles and responsibilities for serving handicapped children. In addition to the State Department of Education, state agencies that most often provide services to pupils with orthopedic impairments are:

- Department of Health Services, whose California Children Services Branch provides medically necessary services, such as physical or occupational therapy, medical case management, and purchase of durable medical equipment needed by the individual pupil (Pupils must have medical conditions making them eligible for California Children Services.)
- Medi-Cal, which authorizes payments for medically necessary services
- Department of Developmental Services, whose regional centers provide assessment, advocacy, and case management (State hospitals provide residential care, including medical treatment and education.)
- Department of Vocational Rehabilitation, which provides prevocational assessment, counseling, and training
- Department of Mental Health, which provides psychiatric treatment and other mental health services

QUESTIONS

Are there current local interagency agreements between the local educational agency and other agencies providing services to handicapped pupils?

One should look for the following:

1. Is there a defined process for the exchange of relevant pupil and agency information among responsible agencies?
2. Is there a process for updating the information contained in the local agreements?
3. Is there a process whereby a significant number of persons make recommendations about the writing of the agreement?
4. Are liaison persons named to those agencies with which the local educational agency has local agreements?
5. Can the educational staff identify those services being provided to their pupils through coordination with other agencies?
6. Does the educational staff know who in the district coordinates the interagency agreements? Do the teachers have access to the coordinator?

Community resources. A wide variety of community resources exist that aid the school, parent, and pupil in endless ways. Although the number of resources may vary among communities, the available resources generally include service clubs, nonprofit organizations, private foundations, institutions of higher education, and interested individuals. Some of the more commonly known community resources are the Benevolent and Protective Order of the Elks, the Easter Seal Society, the United Cerebral Palsy Association, the Muscular Dystrophy Association, Kiwanis International clubs, Soroptimist clubs, Lion's International clubs, Shriners, Goodwill Industries, the Parent-Teacher Association, Boy Scouts of America, Girl Scouts of America, and Telephone Pioneers of America.

The services provided may range from supportive medical services, advocacy, special events, camperships, scholarships, vocational opportunities, and funds for the purchase of special equipment. Many local departments of health, special education local plan areas, or individual school districts maintain a listing of community resources with addresses, telephone numbers, and contact persons.

QUESTIONS

Is the educational staff aware of the community resources available to them and to the pupil with orthopedic impairments?

One should look for the following:

1. Are files of community resources maintained with current information?
2. Is someone on the school program staff designated as a staff-community liaison person to establish contact with community resources and to act as a liaison among parent, school, and community resources?

Accessible Facilities

Facilities for orthopedically impaired pupils require careful planning to ensure that these pupils' needs are met. Whether new structures are built or whether existing ones are adapted for these pupils, the major concerns are the same. The structures must be easily accessible for these pupils, and they must accommodate their health and safety needs.

Construction of new facilities. When new facilities are constructed to provide comprehensive programs needed by pupils having severe orthopedic problems, state and federal laws and regulations require that the facility be readily accessible to and usable by handicapped pupils. Special centers should not be constructed on isolated sites or away from the main facilities on existing sites. Facilities that are built with state funds are allowed additional square footage for each classroom housing pupils who receive services from California Children Services.

Extra space is needed in the classroom to accommodate the many pieces of specialized and constantly changing equipment needed by the pupils, such as standing tables, electric typewriters, computers, slant boards, electric wheelchairs, and various types of communication aids. The teacher needs adequate storage for the wide variety of required classroom supplies and equipment. If the pupils are to eat in the classroom, an easily maintained floor covering is desirable for that area, as well as a sink with hot and cold running water. Pupils should not be so cramped in the classroom that the independent mobility of those using wheelchairs and walking aids is hampered.

Facilities for orthopedically impaired pupils require careful planning to ensure that these pupils' needs are met.

Pupils should have easy access to the bathrooms from the classrooms. Both the pathway and bathroom should be able to accommodate pupils using wheelchairs and walking aids. Bathrooms need a table for changing and also a storage area for extra clothing or specialized equipment. Extra space is required around the bathroom fixtures for vertical or horizontal bars to aid the pupils in becoming independent in their self-care. Stalls provide privacy to pupils who are learning to care for their bodily functions and who require adaptive equipment. All bathrooms should have sinks with hot and cold running water.

Besides having a clear pathway for pupils using wheelchairs and walking aids, the health room should have an area where an ill pupil can be isolated from other pupils, yet be supervised by the staff. A storage area is needed for specialized equipment, such as catheterization trays, oxygen, and so forth. If pupils are taking medication while at school, a locked cabinet should be available to store the medication safely.

Since many of the pupils will need specialized training to develop independence in daily living skills, the training kitchen, which includes a washer and dryer, should be located adjacent to the classrooms and areas for therapy. This location permits all program personnel to use this kitchen as a pupil training area.

The speech room should have adequate work and storage space and be of sufficient size to allow pupils using wheelchairs or walking aids to be able to move freely about the room. There should be floor space for a mat with a mirror standing by it or hung on the wall beside it.

A small room should be available for conferences and for use by the psychologist. It should accommodate pupils using wheelchairs or walking aids, as well as two adult-size and two child-size chairs and a working table for each. The room should be in a quiet location free from possible interruptions.

Staff members from the School Facilities Planning Unit of the California State Department of Education recommend an interagency planning meeting when a new medical therapy unit is being planned or when an existing facility is being relocated or structurally remodeled. The local education and therapy staff must meet with the county schools representative, assigned field person from the Local Assistance Bureau, and the state consultants from the Special Education Division and California Children Services.

The space allocated to the California Children Services will house the physical and occupational therapy units. The orthopedist and pediatrician who come to the center for regularly scheduled medical therapy conferences will also be able to use this space. The orthopedist and pediatrician will need an area in which to examine the pupil in privacy. The space for therapy should include treatment cubicles, a general activity area which houses the larger therapeutic equipment, a training bathroom and bedroom, and office space for conferences. Adequate storage and a workshop area should be available for braces and specialized equipment.

To avoid needless duplication and costs, the medical and educational staff should share space and equipment, such as the training kitchen, bathroom and bedroom, and the woodworking or craft shop.

Additional storage should be available outside of the facility and adjacent to the outdoor play area where the adapted outdoor play equipment can be stored when not in use. The area where buses are loaded and unloaded requires accommodations for wheelchairs that are used to load pupils onto the buses and that remain at the school site. In addition, pupils must be given some protection from the weather.

An individual pupil or a special class in an existing facility. As individual pupils are placed in educational programs located in existing facilities or as a special class is moved to an existing facility, school districts must be concerned with the possible need for modifying the facilities to provide program accessibility. Each part of the existing facility is not required to be accessible for pupils, and structural changes do not have to be made where other methods are effective to achieve pupils' accessibility to the program. The special class should be located within the bounds of the curricular areas of the regular pupils. Reasonable accommodations should be made to provide for the pupils' physical needs. In case of an emergency, the classroom should have facilities for communication either to the school office or to the community. When providing programs or assigning the special class location, one should give priority to space, programs, and activities that allow the pupils the most appropriate integrated setting available.

If the California Children Services therapist is to provide therapy away from the primary medical therapy unit, space should be provided that is adequate to:

1. Accommodate therapeutic equipment and the necessary treatment.
2. Perform the therapy in privacy.
3. Secure the therapeutic equipment when it is not in use.

QUESTIONS

Is the program accessible to and usable by the pupils?

One should look for the following:

Is the program accessible to the pupils using special mobility equipment:

1. From the street or sidewalk to the building?
2. To and about the classrooms providing the educational program?
3. To the nurse's office?
4. To the bathroom facilities?
5. To the lunchroom?
6. To the school yard?
7. To areas of extracurricular activities?

Have reasonable accommodations been made to protect the health and safety of the pupil?

One should look for the following:

Do architectural modifications meet state and federal standards relative to:

1. Surfaces for walking or wheelchairs that are firm, even, and nonslip?
2. Passageways that are clear and unobstructed?
3. Devices that are operable for opening and closing doors?
4. Doors of sufficient width to accommodate the pupil and a mobility aid?
5. Passageways and room space that allow the pupil to maneuver with a mobility aid?
6. Toilet fixtures appropriately placed with accompanying grab bars?
7. Safety or warning devices that will alert the pupil?
8. Accessibility to drinking water?
9. Light, ventilation, heating, and cooling that are reasonable?
10. Room space to house specialized devices used for completing studies?
11. Maintenance of structural adaptations?

Program Improvement

Every program serving pupils with severe orthopedic impairments should have a process to improve the effectiveness of the program in meeting the needs of the pupils, including (1) the extent of alternative educational placements for the pupils; (2) the range of course offerings in the program; (3) the availability of necessary specialized equipment and material; and (4) the identification of areas where revisions or additions are needed in the overall program. This process should cover all areas included in this document, using the standards and guidelines as a basis for the program review.

QUESTIONS

Does the district or county review and improve the effectiveness and completeness of the educational program planned and operated for pupils with severe orthopedic impairments?

One should look for the following:

1. Are program reviews scheduled to occur within specified time frames?
2. Does the review use the guidelines as a reference for program content and supporting services?
3. Does the program use current texts, curriculum guides, and other resources?
4. Does the program meet the needs of each pupil who has a severe orthopedic impairment?
5. Have the review data been used to make positive changes in the program?
6. Is the information from program reviews considered when staff members from the district or county select topics for local evaluation studies as part of the statewide program evaluation system?

APPENDIX A

Self-review Guide

This self-review guide contains criteria for evaluating the components of the three preceding chapters. Listed in this guide are laws or regulations on which the criteria are based, page numbers in this publication in which the criteria appear, standards for evaluating the criteria, and a section for comments.

The references to legislation in the appendix are taken from the following codes: the *Education Code (EC), California Administrative Code, Title 5, Education (CAC 5),* the *Government Code,* and the *Code of Federal Regulations (CFR).* Legislative code sections that are pertinent for readers of this publication appear in Appendix C.

To indicate the status of a criterion, program reviewers should circle the appropriate letter under the column head, "Status."

Chapter One—The Identification and Assessment of Unique Educational Needs

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		A. Do staff members from your county, district, or special education local plan area:		
EC 56302	2	1. Coordinate the child-find system with other public and private agencies?	N U S	
	3	2. Have a procedure for referring pupils to or receiving referrals from other public and private agencies?	N U S	
	2	3. Have a procedure for the exchange of pertinent information among agencies serving the pupil?	N U S	
EC 56320(g)	2	4. Have assessments conducted by persons knowledgeable about severe orthopedic impairments?	N U S	
EC 56320(b)(1)	2	5. Administer assessments in the pupil's mode of communication and/or primary language?	N U S	
	3	6. Explain any modifications of the test instruments that were used and the implications of these on the assessment results?	N U S	
	3, 7	7. Write assessment reports in language easily understood by the parents and teachers?	N U S	

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[1] Reference to law or regulation.

[2] Reference to page in guideline.

[3] N = program needs improvement; U = program sometimes or usually meets the standard; S = program meets the standard.

The Identification and Assessment of Unique Educational Needs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		B. Are pupils with a severe orthopedic impairment assessed in the following areas when it is appropriate to do so:		
		1. Health and development:		
EC 56320(f)	4	a. Developmental history?	N U S	
EC 56320(f)	5	b. General health assessment:		
		(1) Vision?	N U S	
		(2) Hearing?	N U S	
		(3) Need for medication?	N U S	
EC 56320(f)	5	c. Orthopedic assessment:		
		(1) Functional ability?	N U S	
		(2) Need for specialized equipment?	N U S	
EC 56320(f)	5	d. Fine motor assessment:		
		(1) Unusual motor patterns?	N U S	
		(2) Limitation in motion?	N U S	
		(3) Need for assistive devices?	N U S	
EC 56320(f)	5	e. Gross motor assessment:		
		(1) Range of motion?	N U S	
		(2) Endurance level?	N U S	
		(3) Mobility?	N U S	
		(4) Need for specialized equipment?	N U S	
EC 56320(f)	8	2. Communications assessment (language function):		
		a. Expressive language?	N U S	
		b. Receptive capabilities?	N U S	
		c. Functional use of language?	N U S	
		d. Need for augmented communication system?	N U S	
EC 56320(f)	6	3. General ability assessment:		
		a. Learning strengths and needs?	N U S	
		b. Learning rate?	N U S	
		c. Problem-solving skills?	N U S	
		d. Auditory or visual perceptual impairment?	N U S	
		e. Relationship of ability to chronological age?	N U S	

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[1] Reference to law or regulation.
[2] Reference to page in guideline.
[3] N = program needs improvement; U = program sometimes or usually meets the standard; S = program meets the standard.

The Identification and Assessment of Unique Educational Needs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56320(f)	6	4. Academic performance:		
		a. Assessment of appropriate curricular areas for the pupils' ages and grades?	N U S	
		b. Identification of pupil's academic level of functioning?	N U S	
EC 56320(f)	9	5. Physical education assessment:		
		a. Basic components?	N U S	
		b. Medical limitations?	N U S	
		c. Need for specialized equipment?	N U S	
EC 56320(f)	9	6. Social and emotional assessment:		
		a. Self-concept development?	N U S	
		b. Adjustment to orthopedic impairment?	N U S	
		c. Adjustment to changing role leading to adult responsibilities?	N U S	
		d. Need for counseling or other support service?	N U S	
EC 56320(f)	10	7. Independent living skills:		
		a. Functional ability in each skill area:		
		(1) Personal hygiene?	N U S	
		(2) Grooming?	N U S	
		(3) Food preparation?	N U S	
		(4) Eating?	N U S	
		(5) Housekeeping?	N U S	
		(6) Money management?	N U S	
		(7) Toileting?	N U S	
		b. Skills where assistance is needed?	N U S	
EC 56320(f)	10	8. Mobility skills:		
		a. Level of independence?	N U S	
		b. Mobility equipment needs?	N U S	
		c. Spatial orientation skills?	N U S	
		d. Motor planning skills?	N U S	
EC 56320(f)	11	9. Career and vocational education abilities and interests assessment:		
		a. Vocational interests?	N U S	
		b. Work-related attitudes and habits?	N U S	
		c. Need for specialized equipment?	N U S	

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[1] Reference to law or regulation.
[2] Reference to page in guideline.
[3] N = program needs improvement; U = program sometimes or usually meets the standard; S = program meets the standard.

Chapter Two—Planning and Providing Instruction and Services

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		A. In planning the individualized education program:		
	12	1. Is there a direct relationship between the assessment information and the goals and objectives of the individualized education program?	N U S	
	12	2. Is the use of the district's course of study or an alternative course of study identified?	N U S	
	12	3. Is the need for adapted curriculum noted?	N U S	
	13	4. Is there planning for continuity of curriculum?	N U S	
EC 56345(b)(7)	13	5. Is the need for nonprescriptive specialized services, materials, and equipment included?	N U S	
		B. When appropriate, does the individualized education program address:		
EC 56363(b)(5)	15	1. Adapted physical education?	N U S	
	15	2. Leisure-time activities?	N U S	
	16	3. Social and emotional development?	N U S	
EC 56363(b)(3)	16	4. Mobility training?	N U S	
EC 56345(b)(2)	17	5. Independent living skills?	N U S	
EC 56345(b)(1,2)	18	6. Prevocational career education, vocational education, career education, or work experience education?	N U S	
EC 56345(b)(4)	19	7. Linguistically appropriate goals, objectives, programs, and services?	N U S	
EC 56345(d)	21	8. Any needed differential proficiency standards?	N U S	
EC 56345(b)(7)	13	9. Specialized services, materials, and equipment?	N U S	
		C. In planning the daily instruction:		
	14	1. Are the methods of instruction matched to the pupils' learning styles?	N U S	
	14	2. Are special teaching procedures planned for those pupils with perceptual problems?	N U S	
	14	3. Are activities planned that will assist the pupils in becoming more self-reliant and able to work independently?	N U S	
	14	4. Are the interactions of pupils modified to accommodate their response methods?	N U S	

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Planning and Providing Instruction and Services—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		D. Does the program for pupils with severe orthopedic impairments:		
	20	1. Encourage parents' participation in the school program?	N U S	
EC 56240	20	2. Provide in-service training to meet the needs of the parents, teachers, and other staff working with the pupils?	N U S	

Chapter Three—Organization and Support for Implementing and Improving Programs

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56360		A. Are the following continuum of program options available for the pupils with severe orthopedic impairments:		
	24	1. Regular class with itinerant teacher or an aide?	N U S	
EC 56361(a)	24	2. Resource specialist program?	N U S	
EC 56364	25	3. Special class located on a regular school site?	N U S	
EC 56364 CAC 5, 3053	26	4. Special class located in a special center?	N U S	
CAC 5, 3051.14	27	5. Combined educational and vocational placement?	N U S	
EC 56363(b)(4)	27	6. Home and hospital instruction?	N U S	
EC 56026(c)(1)	29	7. Infant programs?	N U S	
EC 56026(c)(2)	30	8. Preschool programs?	N U S	
EC 56361(d)	28	9. Nonpublic school?	N U S	
EC 56850	29	10. State hospital access to local programs?	N U S	
EC 56345(b)(7)		B. When pupils are placed in an educational environment and teacher/pupil ratio is determined, are the following considered:		
	24	1. Ability to function physically in a class?	N U S	
	24	2. Need for special assistance with curriculum?	N U S	
	24	3. Need for additional support services?	N U S	
	24	4. Need for specialized equipment and materials?	N U S	
	25	5. Need for daily living assistance?	N U S	
	26	6. Need for special positioning throughout the school day?	N U S	

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Organization and Support for Implementing and Improving Programs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
	26	7. Need for extensive support service intervention which must be closely coordinated with the classroom activities?	N U S	
	27	8. Need for a protective environment free from possible infection?	N U S	
	28	9. Need for a total specialized environment beyond that provided in a public school?	N U S	
		C. Do staff members from the county, district, or special education local plan area:		
EC 56000	37	1. Provide the special education and related services needed by pupils with severe orthopedic impairments?	N U S	
EC 44265.5(c) CAC 5, 3001(s)	37	2. Employ special education and related service staff having the appropriate credential or license to provide the service?	N U S	
	37	3. Employ staff experienced in working with pupils having severe orthopedic impairments?	N U S	
	37	4. Provide expert consultation to staff members working in geographically isolated areas or who are new to the profession?	N U S	
EC 56363(a)		D. Do each of the following individuals understand his or her unique role and responsibilities to the total educational and support service program:		
	32	1. Administrators of special education programs?	N U S	
	32	2. Site administrator?	N U S	
	33	3. Special education teacher?	N U S	
	34	4. Program specialist?	N U S	
	35	5. Resource specialist?	N U S	
	35	6. Instructional aide?	N U S	
	35	7. Adapted physical education specialist?	N U S	
	35	8. Infant and preschool service provider?	N U S	
	36	9. School nurse?	N U S	
	36	10. Language, speech, and hearing specialists?	N U S	
	36	11. Occupational and physical therapists?	N U S	
	37	12. Psychologist?	N U S	
	37	13. Career/vocational specialists?	N U S	
	37	14. Parents?	N U S	
	37	15. Pupils?	N U S	
	35	16. Regular teacher?	N U S	

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Organization and Support for Implementing and Improving Programs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		E. When providing for specialized health needs, does the school:		
CAC 5, 3051.12(b)(3)(E)	38	1. Have written requests from licensed physicians and surgeons and from parents placed on file?	N U S	
CAC 5, 3051.12(b)(3)(E)	39	2. Maintain a daily record (documentation) of the medication or specialized service log?	N U S	
	39	3. Have emergency procedures established and copies of them placed in an accessible area?	N U S	
CAC 5, 3051.12(b)(3)(E)	39	4. Have appropriately trained staff providing the service?	N U S	
	40	5. Have a contingency plan for possible emergencies?	N U S	
		F. Do the strategies for classroom management employed by the teacher:		
	40	1. Indicate a positive attitude toward growth in the pupil's self-management?	N U S	
	40	2. Use the individualized education program team to plan special behavioral interventions?	N U S	
		G. Do staff members from the county, district, or special education local plan area:		
	41	1. Provide, maintain, or replace the specialized equipment used by teachers and other educational staff?	N U S	
Government Code, Title 1, 7575(e)	41	2. Provide, maintain, or replace the program equipment used by the therapists and physicians?	N U S	
EC 56221(b)(5)		H. When transportation is being provided, are the following considered:		
	42	1. Medical safety and comfort needs of each pupil?	N U S	
	42	2. Medical emergencies that might arise on the bus?	N U S	
	42	3. Need for timely pupil information to all staff?	N U S	
	42	4. Procedures for transporting medication safely?	N U S	
	20	5. In-service training for the drivers?	N U S	
	43	6. Consistency in handling pupil's behaviors?	N U S	

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Organization and Support for Implementing and Improving Programs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
		I. Does the county, district, or special education local plan area:		
EC 56220(d)	43	1. Have a process for coordinating services with other local public agencies funded to provide services to pupils with orthopedic impairments?	N U S	
	44	2. Maintain current information concerning community resources available to pupils?	N U S	
		J. Are the facilities designed or modified to:		
	44	1. Provide adequate working space to the educational and therapy staff?	N U S	
34 CFR 104.21–23	45	2. Provide pupil accessibility to the educational program:		
	46	a. From street or sidewalk to the building?	N U S	
	46	b. To and about classrooms providing the educational program?	N U S	
	46	c. To the nurse's office?	N U S	
	46	d. To the bathroom facilities?	N U S	
	46	e. To the lunchroom?	N U S	
	46	f. To the school yard?	N U S	
	46	g. To areas of extracurricular activities?	N U S	
	46	3. Meet state and federal accessibility standards?	N U S	
EC 56220(c)(3) 56600	46	K. Does the county, district, or special education local plan area have a process to review and improve the effectiveness and completeness of the total educational program provided for pupils with severe orthopedic impairments?	N U S	

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APPENDIX B

Glossary

The purpose of this glossary is to define terminology used by those working with the orthopedically impaired that may be unfamiliar to some readers of this publication. These terms apply to the areas of special treatment, medication, and services for the orthopedically impaired as well as to the nature of certain disabilities.

Abnormal gait—A manner of walking that deviates from the norm for a particular developmental age.

Adapted physical education—A diversified program of developmental activities, physical fitness games, sports, or rhythms suited to the needs, interests, capacities, and limitations of students who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

Adaptive behavior—A combination of the coping skills, appropriate or inappropriate, that the pupil has developed to function within his or her environment.

Apgar score—A scoring system of five factors (heart rate, respiration, muscle tone, reflex irritability, and color) to evaluate an infant's condition and to identify infants who are at special risk at one minute and at five minutes after birth.

Augmented communication system—The use of an alternative communication system by any pupil who is unable to use oral speech.

Catheterization—The procedure for draining urine from the bladder by the insertion of a tube through the urethra (the opening through which urine exits).

Cerebral palsy—A condition manifested by muscular incoordination and speech disturbances as a result of damage to the brain. This condition is nonprogressive and occurs in infancy and childhood.

Colostomy—A temporary or permanent opening of the colon through the abdominal wall. The surgical creation of a new opening of the colon on the surface of the body.

Congenital anomalies—Defects or abnormalities existing at birth.

Convulsion—Involuntary muscular contractions and relaxation; a seizure is a sudden attack (used synonymously).

Credé's maneuver—The procedure for draining residual urine from the bladder by applying downward pressure on the lower abdominal wall.

Cutaneous—Pertaining to the skin.

Dysfunction—Abnormal or incomplete function.

Functional ability—The ability to carry out daily living skills, such as feeding, dressing, transferring, mobility, and so forth.

Gavage feeding—A means of providing food (feeding) via a tube passed through the nose or mouth past the pharynx, down the esophagus, and into the stomach.

Head trauma—Any injury to the head that results in a significant disturbance of the body's functions.

Indirect assessment—Unobtrusive measurement.

Kinesthesia—The sense of movement, position sense, muscle-joint-tendon sense, or sense of perception of movement.

Mobility—The ability to move from one place to another.

Muscle tone—The resistance of a muscle to stretch. In a physically disabled pupil, the tone may decrease or increase when the muscle is at rest.

Muscular dystrophy—A genetic degenerative disease marked by progressive shrinking and wasting of skeletal muscles.

Nonepisodic condition—A chronic, ongoing condition.

Occupational therapy—The evaluation, diagnosis, and treatment of problems interfering with the functional performance of persons impaired by physical disability, enabling them to achieve their optimum functioning.

Ostomy—A surgically formed artificial opening that serves as an exit site for waste products from the bowel or intestine to the outside of the body.

Ostomy care—The procedure for changing and/or emptying an open-ended ostomy pouch. A change of pouch at school should be necessary only occasionally to control leakage.

Paneled California Children Service (CCS) Pediatrician. Panel means a process of certifying a person who is considered an expert in his or her field to deliver specific services to children whom staff members from the California Children Services identify as medically eligible. To be paneled by CCS, the pediatrician must be licensed in California, be on the staff of a CCS approved hospital, limit practice to the specialty, and be certified or determined eligible by the American Board of Pediatrics. A listing in the current *Directory of Medical Specialists* is evidence that the pediatrician has fulfilled legal requirements for panel membership.

Paneled California Children Service (CCS) Orthopedist. To be paneled by CCS, the orthopedist must be licensed in California, be on the staff of a CCS approved hospital, have special training in children's orthopedics, as outlined in the requirements by the American Board of Orthopedics, and be certified or determined eligible by the American Board of Orthopedists. A listing in the current *Directory of Medical Specialists* is evidence that the orthopedist has fulfilled legal requirements for panel membership.

Percussion—A procedure that stimulates coughing, performed by cupping the hand and clapping and vibrating the chest wall to assist pupils who have difficulty raising sputum; e.g., those who have cystic fibrosis (used with postural drainage).

Physical therapy—The provision of physical or corrective treatment by a physical therapist under the supervision of a physician to pupils with motor disabilities through the use of physical, chemical, and other properties of heat, light, water, electricity, massage, and active, passive, and resistive exercise.

Postural drainage—The positioning of a pupil in various ways so that gravity will assist in the movement of secretions from the smaller airways to the main bronchus and trachea from which they can be removed by coughing or suctioning.

Program evaluation—A process for obtaining information to assist in making decisions about program improvement, expansion, and maintenance, or about the termination of a program or program component.

Progressive deterioration—The progressive impairment of one's mental or physical functions.

Range of motion—The degree to which a joint can be moved through the full range in all appropriate planes.

Receptive communication—One's understanding of the verbal, written, or signed communication of others.

Resuscitation—Instituting measures to provide ventilation and circulation when the respiration and heart have ceased to function.

Rheumatoid arthritis—A chronic disease characterized by inflammation of the joints and wasting away of the bones.

Self-help skills—Skills that a person uses in everyday life that enable him or her to live independently; e.g., dressing, grooming, housekeeping, food preparation, and so forth.

Severe orthopedic impairment—A severe orthopedic impairment is persistent and significantly restricts one's normal physical development, movement, and activities of daily living and, in turn, affects the pupil's educational performance.

Spatial orientation of extremities—Knowing where one's arms and legs are in relationship to the environment.

Spina bifida—A birth defect in which the spinal cord protrudes through a defect in the spinal column.

Spinal cord injuries—Any injury that results in significant disturbance of the spinal cord.

Stoma—That part of the colon (an opening) that is brought through the abdominal wall to the outside of the body for the elimination of wastes.

Suctioning—A method for removing excessive secretions from an airway, usually by a tube attached to either an electric or manually operated suction apparatus. This device may be applied to oral, nasopharyngeal, or tracheal passages.

Tracheostomy—The surgical creation of an opening into the trachea through the neck for the insertion of a tube to provide and maintain an open airway.

Tumors—A mass of new tissue that persists and grows independently of its surrounding structures and that has no physiologic use.

Vocational skills—Skills that a person needs to become employable; e.g., good attitudes, promptness, task completion, ability to get and keep a job, work experience, and classroom and on-the-job training.

APPENDIX C

Selected Legal Requirements

(As of June, 1985)[1]

This appendix contains pertinent sections from legislative codes that apply to the content of this publication. These sections were current as of June, 1985. The purpose of this appendix is to give readers an opportunity to review legislative provisions that concern the orthopedically impaired. These sections are organized in numerical order according to their appearance in the *Education Code* and in the *California Administrative Code, Title 5, Education.*

Credentialing

Education Code Section 44265.5

(c) Pupils who are severely orthopedically handicapped shall be taught by teachers who are credentialed pursuant to subdivision (d) of Section 44265.

Low-Incidence Disabilities Definition

Education Code Section 56000.5

The Legislature finds and declares that:

(a) Pupils with low-incidence disabilities, as a group, make up less than 1 percent of the total statewide enrollment for kindergarten through grade 12.

(b) Pupils with low-incidence disabilities require highly specialized services, equipment, and materials.

Education Code Section 56026.5

"Low incidence-disability" means a severe handicapping condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12. For purposes of this definition, severe handicapping conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof.

Definition of Severe Orthopedic Impairment

Education Code Section 56030.5

"Severely handicapped" means individuals with exceptional needs who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe mental retardation, and those individuals who would have been eligible for enrollment in a development center for handicapped pupils under Chapter 6 (commencing with Section 56800) of this part, as it reads on January 1, 1980.

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[1] For more comprehensive treatment of legal requirements, see 20 *United States Code* Section 1401 et seq., 34 *Code of Federal Regulations* Section 300.1 et seq., *Education Code* Section 56000 et seq., *California Administrative Code, Title 5, Education* Section 3000 et seq.

Guidelines/Technical Assistance/Monitoring

Education Code Section 56136

The superintendent shall develop guidelines for each low-incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of specialized services to pupils with low-incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving pupils with low-incidence disabilities pursuant to Section 56825. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements.

Compliance Assurances/Description and Services in Local Plan

Education Code Section 56200

Each local plan submitted to the superintendent under this part shall contain all the following:

(a) Compliance assurances, including general compliance with Public Law 94-142, Section 504 of Public Law 93-112, and the provisions of this part.

(b) Description of sevices to be provided by each district and county office. Such description shall demonstrate that all individuals with exceptional needs shall have access to services and instruction appropriate to meet their needs as specified in their individualized education programs.

Local Plan Requirements

Education Code Section 56220

In addition to the provisions required to be included in the local plan pursuant to Section 56200, each special education services region that submits a local plan pursuant to subdivision (b) of Section 56170 and each county office that submits a local plan pursuant to subdivision (c) of Section 56170 shall develop written agreements to be entered into by entities participating in the plan. Such agreements need not be submitted to the superintendent. These agreements shall include, but not be limited to, the following:

(a) A coordinated identification, referral, and placement system pursuant to Chapter 4 (commencing with Section 56300).

(b) Procedural safeguards pursuant to Chapter 5 (commencing with Section 56500).

(c) Regionalized services to local programs, including, but not limited to, all the following:

(1) Program specialist service pursuant to Section 56368.

(2) Personnel development, including training for staff, parents, and members of the community advisory committee pursuant to Article 3 (commencing with Section 56240).

(3) Evaluation pursuant to Chapter 6 (commencing with Section 56600).

(4) Data collection and development of management information systems.

(5) Curriculum development.

(6) Provision for ongoing review of programs conducted, and procedures utilized, under the local plan, and a mechanism for correcting any identified problem.

(d) A description of the process for coordinating services with other local public agencies which are funded to serve individuals with exceptional needs.

(e) A description of the process for coordinating and providing services to individuals with exceptional needs placed in public hospitals, proprietary hospitals, and other residential medical facilities pursuant to Article 5.5 (commencing with Section 56167) of Chapter 2.

(f) A description of the process for coordinating and providing services to individuals with exceptional needs placed in licensed children's institutions and foster family homes pursuant to Article 5 (commencing with Section 56155) of Chapter 2.

(g) This section shall become operative July 1, 1982.

Policy Adoption

Education Code Section 56221

(a) Each entity providing special education under this part shall adopt policies for the programs and services it operates, consistent with agreements adopted pursuant to subdivision (b) or (c) of Section 56170, or Section 56220. The policies need not be submitted to the superintendent.

(b) Such policies shall include, but not be limited to, all of the following:

(5) Transportation, where appropriate, which describes how special education transportation is coordinated with regular home-to-school transportation. The policy shall set forth criteria for meeting the transportation needs of special education pupils.

Staff Development

Education Code Section 56240

Staff development programs shall be provided for regular and special education teachers, administrators, certificated and classified employees, volunteers, community advisory committee members and, as appropriate, members of the district and county governing boards. Such programs shall be coordinated with other staff development programs in the district, special education services region, or county office, including school level staff development programs authorized by state and federal laws.

Identification

Education Code Section 56300

Each district, special education services region, or county office shall actively and systematically seek out all individuals with exceptional needs, ages 0 through 21 years, including children not enrolled in public school programs, who reside in the district or are under the jurisdiction of a special education services region or a county office.

Identification and Referral

Education Code Section 56301

Each district, special education services region, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. Such policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

Identification Procedures

Education Code Section 56302

Each district, special education services region, or county office shall provide for the identification and assessment of an individual's exceptional needs, and the planning of an instructional program to best meet the assessed needs. Identification procedures shall include systematic methods of utilizing referrals of pupils from teachers, parents, agencies, appropriate professional persons, and from other members of the public. Identification procedures shall be coordinated with school site procedures for referral of pupils with needs that cannot be met with modification of the regular instructional program.

Regular Education Program Resources

Education Code Section 56303

A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

Assessment in Primary Language or Mode of Communication

Education Code Section 56320

(b) Tests and other assessment materials meet . . . the following requirement:

(1) Are provided and administered in the pupil's primary language or other mode of communication, unless the assessment plan indicates reasons why such provision and administration are not clearly feasible.

Assessment in All Areas Related to Suspected Disability

Education Code Section 56320

(f) The pupil is assessed in all areas related to the suspected disability, including, where appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general ability, academic performance, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status.

A developmental history is obtained, when appropriate. For pupils with residual vision, a low-vision assessment shall be provided in accordance with guidelines established pursuant to Section 56136.

Persons Conducting the Assessment

Education Code Section 56320

(g) The assessment of a pupil, including the assessment of a pupil with a suspected low-incidence disability, shall be conducted by persons knowledgeable of that disability. Special attention shall be given to the unique educational needs, including, but not limited to, skills and the need for specialized services, materials, and equipment consistent with guidelines established pursuant to Section 56136.

Assessment Report

Education Code Section 56327

The personnel who assess the pupil shall prepare a written report, or reports, as appropriate, of the results of each assessment. The report shall include, but not be limited to, all the following:

(h) The need for specialized services, materials, and equipment for pupils with low-incidence disabilities, consistent with guidelines established pursuant to Section 56136.

Individualized Education Program

Education Code Section 56345

(b) When appropriate the individualized education program shall also include, but not be limited to, all of the following:

(1) Prevocational career education for pupils in kindergarten and grades 1 to 6, inclusive, or pupils of comparable chronological age.

(2) Vocational education, career education or work experience education, or any combination thereof, in preparation for remunerative employment, including independent living skill training for pupils in grades 7 to 12, inclusive, or comparable chronological age, who require differential proficiency standards pursuant to Section 51215.

(4) For individuals whose primary language is other than English, linguistically appropriate goals, objectives, programs and services.

(7) For pupils with low-incidence disabilities, specialized services, materials, and equipment, consistent with guidelines established pursuant to Section 56136.

Prescribed Course of Study and Proficiency Standards

Education Code Section 56345

(b)(3) For pupils in grades 7 to 12, inclusive, any alternative means and modes necessary for the pupil to complete the district's prescribed course of study and to meet or exceed proficiency standards for graduation in accordance with Section 51215.

(d) Pursuant to subdivision (d) of Section 51215, a pupil's individualized education program shall also include the determination of the individualized education program team as to whether differential proficiency standards shall be developed for the pupil. If differential proficiency standards are to be developed, the individualized education program shall include these standards.

Provision of Services

Education Code Section 56345

(c) It is the intent of the Legislature in requiring individualized education programs that the district, special education services region, or county office is responsible for providing the services delineated in the individualized education program. However, the Legislature recognizes that some pupils may not meet or exceed the growth projected in the annual goals and objectives of the pupil's individualized education program.

Program Options

Education Code Section 56360

Each district, special education services region, or county office shall ensure that a continuum of program options is available to meet the needs of individuals with exceptional needs for special education and related services.

Integrated Special Classes/Instruction

Education Code Section 56364.1

Notwithstanding the provisions of Section 56364, pupils with low-incidence disabilities may receive all or a portion of their instruction in the regular classroom and may also be enrolled in special classes taught by appropriately credentialed teachers who serve these pupils at one or more school sites. The instruction shall be provided in a manner which is consistent with the guidelines adopted pursuant to Section 56136 and in accordance with the individualized education program.

Funding Specialized Books, Materials, and Equipment

Education Code Section 56739

(a) When allocating funds received for special education pursuant to this article, it is the intent of the Legislature that, to the extent funding is available, school districts and county offices shall give first priority to expenditures to provide specialized books, materials, and equipment which are necessary and appropriate for the individualized education programs of pupils with low-incidence disabilities, up to a maximum of five hundred dollars ($500) per pupil with low-incidence disability. Nothing in this subdivision shall be construed to prohibit pooling the prioritized funds to purchase equipment to be shared by several pupils.

(b) Equipment purchased pursuant to this section shall include, but not necessarily be limited to, nonprescriptive equipment, sensory aids, and other equipment and materials as appropriate.

State Hospital Residents: Access to Programs

Education Code Section 56850

The purpose of the Legislature in enacting this chapter is to recognize that individuals with exceptional needs of mandated school age, residing in California's state hospitals for the developmentally disabled and mentally disordered, are entitled to, under Public Law 94-142, the federal Education for All Handicapped Children Act of 1975, and Public Law 93-112, the federal Rehabilitation Act of 1973, the same access to educational programs as is provided for individuals with exceptional needs residing in our communities.

It is the intent of the Legislature to ensure that services shall be provided in the community near the individual state hospitals to the maximum extent appropriate, and in the least restrictive environment.

It is the further intent of the Legislature to ensure equal access to the educational process and to a full continuum of educational services for all individuals, regardless of their physical residence.

Eligibility Criteria: Severe Orthopedic Impairment

California Administrative Code, Title 5, Section 3030

(e) A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

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